

## Klinefelter Syndrome Clinic Referral checklist

**Name:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**GP address:** \_\_\_\_\_

**NHS Number:** \_\_\_\_\_

\_\_\_\_\_

**Checklist:** *-to be completed before referring the patient to the clinic*

- Main referral concern.**
- Semen Analysis:** *two analyses required. One may be completed at the clinic.*
- Fasting Early Morning Hormones:** *including*
  - Testosterone
  - FSH
  - LH
  - Oestradiol
  - Prolactin
- Does the patient need an interpreter?
  - Which language \_\_\_\_\_

**Please make sure the patient attends the clinic with:**

- A copy of their Genetics report**
- A copy of their Referral letter**
- Their Partners Details:** *including address and GP address. This is required for fertility funding.*



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