Date of Referral:	Miles one MENOPAUSE CENTRE OF SOUTHERN ALBERTA
Demographic/Patient Label :	
Full Name:	Address:
DOB:	City / Province:
PHN:	Postal Code:
Referring Provider:	Phone Number:
PRACID:	Email Address:
Family Physician:	Linaii / Idai occi.
Reason for Referral:	Current Medications to Manage Symptoms?
O Menopause Symptom Management	Describe:
O Problem/Concern with Current MHT	
O Premature Menopause (<40 years of age)	
O Early Menopause (Menopause 40-45 years of age)	
O Surgical Menopause (Bilateral Oophorectomy)	Other Notes:
O Abnormal Uterine Bleeding	
O Preventative Health Care in Menopause	
Menopausal Symptoms:	
O Hot Flushes and Night Sweats	O Low Sexual Desire
O Insomnia	O Cognition and Memory Issues
O Mood Disorder	O Other (palpitations, joint pains, hair and skin
O GSM - Vaginal Symptoms	changes, itchy ears, headaches, weight changes):
○ GSM - Urinary Symptoms	
O GSM - Sexual Dysfunction	
Bleeding Profile:	
O Monthly Menses	○ Menopausal (Amenorrhea >1 year)
O Menses >60 days apart	O Hysterectomy (with ovaries in situ)
O Abnormal and/or Irregular Menstrual Bleeding	O Endometrial Ablation
O On combined OCP	O Levonorgestrel IUD in situ
O Other:	O Surgical Menopause (Bilateral Oophorectomy)
Investigations included if completed within the	last 12 months:
O Pelvic Ultrasound	O FSH (drawn twice at least 6 weeks apart for early/
O Mammogram and/or Breast Ultrasound	premature menopause)
O Bone Density (if indicated)	O Hemoglobin
O Pap	O Iron Studies
O Lipid Profile	O TSH
O Fasting Blood Glucose	O ALT
O Hemoglobin A1c	○ FIT (if >50 years of age)