

Date of Referral: _____

Demographic/Patient Label :

Full Name:	Address:
DOB:	City / Province:
PHN:	Postal Code:
Referring Provider:	Phone Number:
PRACID:	Email Address:
Family Physician:	

Reason for Referral:

- Menopause Symptom Management
- Problem/Concern with Current MHT
- Premature Menopause (<40 years of age)
- Early Menopause (Menopause 40-45 years of age)
- Surgical Menopause (Bilateral Oophorectomy)
- Abnormal Uterine Bleeding
- Preventative Health Care in Menopause

Current Medications to Manage Symptoms?

Describe:

Other Notes:

Menopausal Symptoms:

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| <ul style="list-style-type: none"> <input type="radio"/> Hot Flushes and Night Sweats <input type="radio"/> Insomnia <input type="radio"/> Mood Disorder <input type="radio"/> GSM - Vaginal Symptoms <input type="radio"/> GSM - Urinary Symptoms <input type="radio"/> GSM - Sexual Dysfunction | <ul style="list-style-type: none"> <input type="radio"/> Low Sexual Desire <input type="radio"/> Cognition and Memory Issues <input type="radio"/> Other (palpitations, joint pains, hair and skin changes, itchy ears, headaches, weight changes): <hr/> <hr/> |
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Bleeding Profile:

- | | |
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| <ul style="list-style-type: none"> <input type="radio"/> Monthly Menses <input type="radio"/> Menses >60 days apart <input type="radio"/> Abnormal and/or Irregular Menstrual Bleeding <input type="radio"/> On combined OCP <input type="radio"/> Other: | <ul style="list-style-type: none"> <input type="radio"/> Menopausal (Amenorrhea >1 year) <input type="radio"/> Hysterectomy (with ovaries in situ) <input type="radio"/> Endometrial Ablation <input type="radio"/> Levonorgestrel IUD in situ <input type="radio"/> Surgical Menopause (Bilateral Oophorectomy) |
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Investigations included if completed within the last 12 months:

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| <ul style="list-style-type: none"> <input type="radio"/> Pelvic Ultrasound <input type="radio"/> Mammogram and/or Breast Ultrasound <input type="radio"/> Bone Density (if indicated) <input type="radio"/> Pap <input type="radio"/> Lipid Profile <input type="radio"/> Fasting Blood Glucose <input type="radio"/> Hemoglobin A1c | <ul style="list-style-type: none"> <input type="radio"/> FSH (drawn twice at least 6 weeks apart for early/premature menopause) <input type="radio"/> Hemoglobin <input type="radio"/> Iron Studies <input type="radio"/> TSH <input type="radio"/> ALT <input type="radio"/> FIT (if >50 years of age) |
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