

## Menopause Clinic Referral

Fax referral to 519-273-0745

### Qualifying Criteria (patient must meet one of the following to qualify)

- Patient resides in Huron-Perth
- Primary Care Provider practices in Huron-Perth

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### Referring Provider

Name:

Address (#, street, city, postal code):

Phone:

Fax:

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### Patient Information

Name:

Date of Birth:

Age:

Address (#, street, city, postal code):

Health Card Number and Version Code:

Phone:

Email:

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### Patient Medical Information

Periods:

(This helps us understand where the patient is in the menopausal transition)

- Pattern or flow changes but < 1 year since last period
- > 1 year since FMP
- Unsure of last period and amenorrheic due to intervention (IUD, continuous birth control, surgery)
- Patient is unsure of last period (please ask patient to start period tracking)
- None of the above/Other (please explain below)

Comments:

Reason for Referral:

- Hot flashes or night sweats (can be persistent or on/off)
- New vaginal dryness and/or pain
- New/worsening bladder issues or incontinence
- Patient is bothered by symptoms
- Seeking a midlife women's health review
- Seeking a review of current therapy
- Other (Please elaborate below)

Comments:

**Patient's goals of care for the consultation:**

(i.e., To understand symptoms and treatment options, menopause hormone therapy discussion, midlife health review, non-hormonal counselling. NOTE: Although weight is briefly discussed, the clinic does not offer weight management counselling, medications, or treatment)

**The patient has previously had:**

(If the referral is accepted, we will kindly ask you to forward the most recent reports to us when we notify of the acceptance)

- Lipid profile
- Pap smear
- Mammogram
- Bone Mineral Density Test
- Pelvic ultrasound in the last 5 years
- Gynecology Consult in the last 5 years
- None of the above

**Other Pertinent Information:**

(Pertinent medical history, consults, etc.)