



Mature Women's Centre

3 North - 2340 Pembina Highway, Winnipeg, MB R3T 2E8
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www.maturewomenscentre.ca

REFERRAL FORM

Patient Demographic Information

Patient Name: _____ DOB: _____ MHSC #: _____

PHIN #: _____ Other Provincial Healthcare # or Military #: _____

Street Address: _____ City: _____ Province: _____ Postal Code: _____

Home Phone #: _____ Work Phone #: _____ Cell Phone #: _____

Referring Physician Information

Referring Physician Name: _____

Address: _____ Phone #: _____ Fax #: _____

Family Physician (if different from above): _____

Address: _____ Phone #: _____ Fax#: _____

Menopausal Status

Perimenopausal Postmenopausal

If Postmenopausal, then: Spontaneous Premature (<40) Treatment Induced

If menopause was treatment induced: TAH/BSO BSO Chemotherapy Radiotherapy

Date of Surgery/Initiation of Treatment _____ Date of last menstrual period _____

Reason For Referral

Hot Flashes/Night Sweats Sleep Disturbance Mood Changes Urogenital Concerns

Vulvo-vaginal Concerns Problems on Hormone Therapy

Sexual Concerns, specifically: Dyspareunia Decreased Libido

Bleeding Concerns, specifically: Heavy More Frequent Irregular Intramenstrual Postcoital

Please elaborate on the above/Other reason for referral: _____

Hormone Therapy

Present Hormone Therapy: Yes No Past Hormone Therapy: Yes No

Date Stopped: _____

Hormone Product(s) Used: Estrogen _____ Progesterone _____ Testosterone _____

Vaginal Estrogen _____

Non-Hormone (Menopausal) Therapy

Present Therapy: Yes No Past Therapy: Yes No

Pharmacological (ie Clonidine, Gabapentin, Venlafaxine, etc...) _____

Non-Pharmacological (ie Acupuncture, etc...) _____

Herbal (ie Black Cohosh, etc...) _____

Medications Is patient on medications that may exacerbate VMS?

Antidepressants GnRH analogs Danazol SERMS (ie. Raloxifene or Tamoxifen)

Aromatase Inhibitors Anti-migraine Hypoglycemic Agents Narcotics

Other medications (please list) _____

Significant Past Medical/Surgical History CA Type(s) _____ Thromboembolic Disease

CVD Event Diabetic Abnormal lipids Other _____

If any of the above, please elaborate _____

Lifestyle Caffeine Intake: _____ cups/day ETOH: _____ drinks/week Smoker: Yes No

Investigations Latest Lipid Profile Date: _____

Results: TC _____ HDL _____ LDL _____ Trigs _____ Total C/HDL Ratio _____

FBS _____ HgA1C _____ Hgb _____ TSH _____

Other pertinent results (please list) _____

NOTE: Hormone testing in blood, urine or saliva, such as FSH, LH, E2, progesterone, testosterone, etc. are NOT REQUIRED and are of NO CLINICAL SIGNIFICANCE in diagnosing menopausal status or managing menopausal symptoms.

Pelvic Ultrasound (if performed) Date: _____ Result: Normal Abnormal

Last Mammogram Date: _____ Result: Normal Abnormal

Last Pap Test Date: _____ Result: Normal Abnormal

Physical Examination

Please Note Pertinent Findings: _____

Please attach any other pertinent information, investigations, etc.

For additional copies of this form, as well as more information regarding the Mature Women's Centre programs and current/updated information and links please go to www.maturewomenscentre.ca