



Perimenopause and Menopause Consult Form

Patient Information	Referring Provider Information
(Must include patient's email)	(Include PraclD)
<p style="text-align: center;">Reason for Referral:</p> <p><input type="checkbox"/> Vasomotor Symptoms of Menopause (Hot flushes and/or night sweats)</p> <p><input type="checkbox"/> Brain Fog (Only refer if ADHD and depression have been ruled out. If you are not comfortable treating ADHD please refer patient to FridaClinic.ca)</p> <p><input type="checkbox"/> Joint Pain (Rule out inflammatory arthritis prior to referring)</p> <p><input type="checkbox"/> Low Libido (Switch patient off medications with low libido as a side effect prior to referring: ie. SSRI's) (Do not refer if primary cause of low libido is poor relationship)</p> <p><input type="checkbox"/> Genitourinary Syndrome of Menopause (Please start on <i>Premarin Cream 1gm vaginally qhs 2x per week</i> at the same time as referral. Only do not do this if patient has had an estrogen sensitive cancer or a reaction to Premarin in the past. No progesterone needed).</p>	<p>To help triage the urgency of this consult and to connect them with the correct provider, please answer the following questions about your patient:</p> <p><input type="checkbox"/> History of DVT/PE</p> <p><input type="checkbox"/> Personal history of breast, ovarian or endometrial cancer</p> <p><input type="checkbox"/> Heart disease</p> <p><input type="checkbox"/> Stroke</p> <p><input type="checkbox"/> Liver disease</p> <p><input type="checkbox"/> Strong family history of breast or ovarian cancer</p> <p><input type="checkbox"/> Osteoporosis</p> <p><input type="checkbox"/> Other reason patient should not be on Estrogen Therapy:</p>

Please include the following with your referral:

- Medication List
- Allergies
- Past medical and surgical history

We look forward to sharing care with you.