



## GP REFERRAL FORM FOR COMPLEX MENOPAUSE SERVICE

### **Information for GPs and Referring Doctors**

The Complex Menopause Service is accepting referrals on patients with an address within the Ireland East Hospital Group catchment area including- **South Dublin, Wicklow, Carlow, Kilkenny, Wexford, Longford and Westmeath** that have a past or current diagnosis of:

- **Active Liver disease**
- **Cancer**
- **Coronary Heart Disease**
- **Epilepsy**
- **Immunological diseases**
- **Premature Ovarian Insufficiency**
- **Stroke**
- **Venous thromboembolism**

To assist us in triaging this appointment appropriately, we ask that you please complete the form fully and kindly provide the following:

- Recent blood test results including - FBC, Fasting lipids and glucose, TFT and any other results relevant to your patient's condition
- Relevant correspondence from Specialist Consultants
- If referring for Premature Ovarian Insufficiency consultation you must provide us with two FSH results at least 4 weeks apart

**We are unable to triage your patient for an appointment without all the relevant information. Incomplete referrals will be rejected.**

We thank you for your cooperation



## GP REFERRAL FORM FOR COMPLEX MENOPAUSE SERVICE

### PATIENT DETAILS:

<b>Patient Name:</b>	
<b>Patient Address:</b>	
<b>Next of Kin name:</b>	
<b>Next of Kin address:</b>	
<b>Date of Birth:</b>	<b>Contact Telephone:</b>
<b>Age at referral:</b>	<b>Contact Email:</b>

Please tick which co-morbidity applies to this referral:

Active Liver disease	
Cancer	
Coronary Heart Disease	
Epilepsy	
Immunological disease	
Premature Ovarian Insufficiency	
Stroke	
VTE	

### REFERRER DETAILS:

<b>Name of Referring Doctor:</b>
<b>Patients GP (if different):</b>
<b>Address:</b>
<b>MCRN:</b>
<b>Contact telephone no of referring doctor:</b>
<b>Date of referral:</b>



## GP REFERRAL FORM FOR COMPLEX MENOPAUSE SERVICE

### REFERRAL DETAILS

Current most troublesome menopausal symptoms	
Details of any previous/current HRT or non-hormonal treatment for symptoms	

Gynaecological History	
Parity:	LMP:
Cervical Screening:	
Current Menstrual Pattern:	

Additional Medical History	
Smoker <input type="checkbox"/> Non-Smoker <input type="checkbox"/>	BMI:
Blood Pressure: must be normotensive/ adequately controlled before referral	
Known Allergies:	

Current Medication:
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## DETAILS OF MEDICAL DIAGNOSIS

<b>Comorbidities:</b>
<b>Details of Diagnosis to date including Surgeries and Treatments</b>
<b>Additional information</b>
<b>Please include COPIES OF COMMUNICATIONS FROM SPECIALITY CLINIC <u>Recent</u> general blood tests including: FBC, TFT, Lipids, Glucose, HbA1c (&amp; any other surveillance serology relevant to the patient's condition)</b>



The National Maternity Hospital

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