The National Maternity Hospital

COMPLEX MENOPAUSE SERVICE GP REFERRAL FORM

Information for GPs and Referring Doctors

The Complex Menopause Service is accepting referrals on patients with an address within the Dublin and South East health region **- South Dublin, Carlow, Kilkenny, South Tipperary, Waterford, Wexford and Wicklow 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 FSH result and details of menstrual pattern

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

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PATIENT DETAILS:

Patient Name:	
Patient Address:	
Date of Birth:	**Contact Telephone:**
Age at referral:	**Contact Email:**

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:

Name of Referring Doctor:
GP details and MRCN:
Address:
Contact telephone number of referring Doctor:
Date of referral:

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REFERRAL DETAILS

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

Gynae/Obstetric History	
LMP:	**Parity:**
Cervical Screening:	**Fertility treatment:**
Current Menstrual Pattern:	

Additional Medical History	
Smoker:	**BMI:**
Blood Pressure: **must be adequately controlled before referral**	
Known Allergies:	
Current medication:	

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DETAILS OF MEDICAL DIAGNOSIS

Comorbidities:
Details of Diagnosis to date including Surgeries and Treatments

Additional information
Please include COPIES OF COMMUNICATIONS FROM SPECIALITY CLINIC and <u>Recent</u> general blood tests including: FBC, TFT, Lipids, Glucose, HbA1c (and FSH if POI referral)