



# Mature Women's Centre

3 North - 2340 Pembina Highway, Winnipeg, MB R3T 2E8  
Tel: (204) 477-3505 Fax: (204) 275-0919  
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 #: \_\_\_\_\_ E-mail \_\_\_\_\_

### 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  \_\_\_\_\_ Progestogen  \_\_\_\_\_ 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) \_\_\_\_\_ Hysterectomy   
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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician Information**

Referring Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Family Physician (if different from above): \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

**Physician Signature** \_\_\_\_\_

**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](http://www.maturewomenscentre.ca)