



Mature Women's Centre

3 North - 2340 Pembina Highway, Winnipeg, MB R3T 2E8
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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) _____

