



Menopause Referral Service

Referral

The NSW Menopause Initiative has established four severe and complex menopause hubs across NSW. Each networked Hub provides clinical support for the remaining LHD across NSW.

A multidisciplinary collaborative team approach will be used which may include access to a range of medical specialists (Endocrinology, Gynaecology, Haematology), Allied Health and Nursing as required and/or available.

Please email completed referral to NBMLHD Menopause Referral Service NBMLHD-Menopause@health.nsw.gov.au.

Endocrinologist (s) available for specialist medical management: Dr Jessica Lai			
Dear:			
Client Name			Date of Birth
Home Address			Contact Phone
Medicare No:		Medicare expiry date:	Is patient Aboriginal or Torres Strait Islander?
Email address			Interpreter required?
Carer Name Contact			Language spoken at home
Main reason for referral			
Eligibility criteria			
Referral MUST meet one or more of the following criteria <u>and</u> reside within NBMLHD to be accepted by the Specialist Menopause Team			
<input type="checkbox"/>	Is client's menopause onset under age 40?	<input type="checkbox"/>	Has client undergone or currently undergoing cancer treatments?
<input type="checkbox"/>	Is client at increased risk of VTE or has a history of stroke or CV disease?	<input type="checkbox"/>	Is client at genetic risk of breast or gynaecological malignancies?
<input type="checkbox"/>	Does client have a high risk of fracture or history of minimal trauma fracture?	<input type="checkbox"/>	Has client been unresponsive to Menopause Hormone Therapy over a 6-week period with GP follow up?
<input type="checkbox"/>	Does client suffer from Migraine with aura?	<input type="checkbox"/>	Does this client have complex health issues making commencement of MHT difficult?

Additional information:**Medical history, current medications, investigation results, specialist reviews****Medical History & Co-morbidities****Current medications****Menopause management options pursued to date:****Recent bloods:** Please upload / attach**Other investigation (Bowel Screen, Breast Screen, CST, BMD/DXA) results:** Please upload / attach if available**Recent BP:****Any other relevant information:****Referring medical practitioner**

Name:		Provider No:	
Signature:		Date:	
Address:		Phone:	
Email:		Fax:	
Consent for Case Conferencing	Does this client consent to case conferencing?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medicare Consent:	Does this person consent to being a Medicare bulk billed patient?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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For further advice & Information please contact the Menopause Co-ordinators on 0456 625 150 or 0437 176 764