



SPECIALIST MENOPAUSE SERVICE

REFERRAL

The NSW Menopause Initiative has established 4 severe and complex menopause hubs across NSW. Each networked Hub will provide clinical support for the remaining LHD across NSW.

A multidisciplinary collaborative team approach will be utilised which may include access to a range of medical specialists (Endocrinology, Gynaecology, Haematology, Psychiatry), allied health clinicians (Women’s Health Physiotherapy, Dietetics, Clinical Psychology) and nursing as required and/or available.

Specialist (s) available for specialist medical management: Dr. Jessica Lai				
Dear:				
Client Name				Date of Birth
Home Address				Contact Phone
Medicare No:		Medicare expiry date:		Aboriginality
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 to be accepted by the Specialist Menopause Service				
<input type="checkbox"/>	Is client onset menopause 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 replacement therapies over a 6-week period with GP follow up?	

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Health
South Western Sydney
Local Health District

REFERRAL

<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?
<input type="checkbox"/>	Does client have history of acute Liver disease?		

ADDITIONAL INFORMATION: MEDICAL HISTORY, CURRENT MEDICATIONS, INVESTIGATION RESULTS, SPECIALIST REVIEWS

Medical History & Co-morbidities

Current medications

Is there any current known domestic or family violence occurring for this client? Yes No

Menopause management options pursued to date:

TO ENSURE TRIAGING APPROPRIATELY PLEASE PROVIDE THE FOLLOWING

RECENT BP: _____ **RECENT BMI:** _____

HEIGHT: _____ **WEIGHT:** _____ **WAIST CIRCUMFERENCE (cm):** _____

RECENT BLOODS: Please upload / attach

Other investigation (Bowel, Breast screen, CST BMD, DEXA) results: Please upload / attach if available

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	No <input type="checkbox"/>

**** Please email completed referral to:**
SWSLHD-SpecialistMenopauseService@health.nsw.gov.au OR
 contact Specialist Menopause Service co-ordinator on 0472 607 238 for further advice & Information