

REFERRAL

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

Specialists available for medical management: Dr. Jessica Lai (Endocrinology) OR Dr James Brown (Gynaecology)

Dear:

Client Name		Date of Birth	
Home Address		Contact Phone	
Medicare No:		Medicare expiry date:	
		Aboriginality	
Email address		Interpreter required?	Choose an item.
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 Team

<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?
<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?		

SPECIALIST MENOPAUSE SERVICE

REFERRAL



South Western Sydney
Local Health District

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 <input type="checkbox"/>	No <input type="checkbox"/>
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 Choose an item.

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"/>

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