

## CUMH Complex Menopause clinic

### Referral form

Information for referring GPs and Doctors

We are excited to be commencing the **Complex Menopause Service** at CUMH. The CUMH Complex Menopause Clinic is open to patients within the South/Southwest Hospital Group catchment area. In line with the national guidance for the Complex Menopause Services we are only in a position to accept referrals for patients whereby Hormone Replacement Therapy is considered a relative contraindication, patients with Premature Ovarian Insufficiency, and where there are concerns in relation to serious pharmaceutical interactions with HRT.

The referral criteria for this service is for patients with a **personal history** of:

- Established Cardiovascular Disease
- Cerebrovascular Disease or Transient Ischaemic Attack
- Venous Thromboembolic Event
- Breast or Hormone Sensitive Cancer
- Active Liver Disease
- Immunological Diseases
- Premature Ovarian Insufficiency (menopause under the age of 40 years)

\*This is not an exhaustive list and if you are unsure if your patient should be seen within a complex menopause setting, please contact the clinic or write a letter which will be reviewed by one of the team

To assist us in triaging the appointment appropriately, we would be grateful if you could kindly provide the following information:

- Specialist letter(s) detailing diagnosis/treatments/histology for e.g. Oncology, Cardiology, Haematology, Hepatology, Neurology etc.
- Recent relevant blood results for e.g. FBC, lipids, liver, thyroid, HbA1C etc.
- Any investigations relevant to their diagnosis for e.g. thrombophilia screen, CT coronary calcium score etc.

Referrals to the clinic will be accepted via Form/letter (A) or Healthlink (B)

**A)**

Please send the following completed form to:

The CUMH Complex Menopause Clinic

Central Appointments

Cork University Maternity Hospital

Wilton

Cork

T12 YE02

**B)**

The referral can be sent via Healthlink ( Gynae, CUMH) advising it is for the Complex Menopause Clinic.

However, we will frequently require additional information such as copies of Speciality Clinic letters, therefore it might be easier to use the referral form whereby all the relevant documents can be sent together.

### Patient details

Patient name	
Patient address	
Patient DOB	
Age at referral	
Contact telephone	
Contact email	

### Please tick which of the following apply:

Established Cardiovascular Disease	
Cerebrovascular Disease including TIA	
Venous Thromboembolic Disease	
Breast or Hormone Sensitive Cancer	
Active Liver Disease	
Immunological Disease	
Premature Ovarian insufficiency (Menopause <40yrs)	

### Referrer details

Name of referrer	
Patients GP (if different to referrer)	
Address	
MCRN	
Contact number	
Date of referral	

### Referral details

<b>Current troublesome menopausal symptoms:</b>

<b>Current menopause management to date</b>

### Gynaecology History

Parity	
Last smear	
Current menstrual pattern	
LMP	

### Additional Medical history

Smoker/ non smoker	
Blood pressure normotensive/adequately controlled before referral	
BMI	
Known allergies	
Current medication	

**Details of relevant medical conditions**


**Previous surgery or treatments; current and past specialist care**


**Additional information**


**NB:** Please include copies of relevant tests and investigations, along with recent correspondence from relevant Speciality Clinics