BC WOMEN'S HOSPITAL+ HEALTH CENTRE
Provincial Health Services Authority
MENOPAUSE + MIDLIFE HEALTH PROGRAMS

Complex Menopause Clinic
B4-4500 Oak St.
Vancouver, BC V6H 3N1
T: 604.875.2322 F: 604.675.2652

REFERRAL FORM – Complex Menopause Clinic

Date of referral: _____

Patient Name: _____ **New Patient** ☐

Address: _____ **Best Phone Number:** _____

Date of Birth: _____(DD/MM/YYYY) **PHN:** (Personal Health Number) _____

Email: _____ ☐ Consent to contact by email

Referring Provider: _____ MSP# _____
Does the patient identify as Indigenous (First Nations, Metis, Inuit)? ☐ Yes ☐ No
Is an Interpreter required? ☐ Yes ☐ No Language Required _____
Is the patient able to attend the appointment: ☐ Virtual ☐ In Person

Inclusion Criteria

Patient has contraindications or medical co-morbidities limiting management options. Please specify below**	☐
Patient had premature menopause/primary ovarian insufficiency < age 40.	☐
Patient is a carrier of Hereditary Cancer Syndrome with increased risk breast /gynecologic cancer.	☐
Patient has a spinal cord injury.	☐
Patient has HIV.	☐
Patient is a cancer survivor whose therapy has affected ovarian function.	☐
Patient having systemic menopausal symptoms (e.g., hot flushes, night sweats) that have not responded to usual management. Please specify below which treatments tried**	☐
Patient having genital symptoms of menopause that have not responded to usual management, without vulvar dystrophy. Please specify below which treatments tried**	☐
**Other Indication and Details of Requests above:_____ _____	

Please include the diagnostic and lab tests below, if not available in CST:	**Yes**	**No**	**N/A**
Pap Smear/HPV test report	☐	☐	☐
Mammography report	☐	☐	☐
Previous consultations	☐	☐	☐
FIT test/Colonoscopy report	☐	☐	☐
Bone Mineral Density	☐	☐	☐

Exclusion Criteria

- Patient currently not a BC resident
- Patient was assigned male at birth
- Patient does not have primary care provider for ongoing follow up care
- Post menopausal bleeding not yet assessed (refer to community GYN).
- Patient has already been seen in the CMC and has been discharged. In these cases, we may provide provider to provider consultations through our ECHO program.
- Isolated complaints including but not limited to urinary incontinence, low libido, midlife weight gain, vulvar issues, or mental health issues.
- This is an urgent request – please refer to ER or UC as appropriate.