

<b>WOMEN'S MID-LIFE HEALTH PROGRAM REFERRAL: SASKATOON</b>			Phone: 306-655-7681	
Women's Health Centre, Saskatoon City Hospital			Fax: 306-655-8176	
701 Queen Street, Saskatoon, SK S7K 0M7			womensmidlifehealth.ca	
<b>PATIENT INFORMATION:</b>				
Last Name:		First Name:		DOB:
Age:		HSN:		Pronouns:
Address:		City:		
Province:		PC:		Family Doctor/Nurse Practitioner:
Home Phone:		Cell Phone:		Email Address:
<b>REFERRING PRACTITIONER &amp; CLINIC INFORMATION:</b>				
<input type="checkbox"/> Family Physician		Name:		
<input type="checkbox"/> Nurse Practitioner*		Address:		
*associated with Dr. _____ for billing purposes				
<input type="checkbox"/> Pelvic Floor Physiotherapist				
<input type="checkbox"/> Naturopath Physician				
<input type="checkbox"/> Specialist Physician		Phone:		Fax:
<b>REFERRAL TO:</b>				
<input type="checkbox"/> Next Available Menopause Clinician		<input type="checkbox"/> Specific Menopause Clinician		
Except:		Name: <input type="checkbox"/> Dr. Renee Morissette <input type="checkbox"/> Dr. Angela Baerwald		
<b>WE CARE FOR:</b> Women/those assigned female at birth experiencing bothersome symptoms relating to menopause, who are currently living in Saskatchewan. You may want to consider a referral elsewhere if: Exclusively urinary symptoms, Vulvar symptoms unrelated to GSM, PMS/PMDD.				
<b>REASON FOR REFERRAL: PLEASE ATTACH SUMMARY OF MEDICAL PROFILE INCLUDING: MEDICAL HISTORY, SURGICAL HISTORY, MEDICATIONS, ALLERGIES, MOST RECENT PAP, MAMMOGRAM, FIT/C-SCOPE AND BMD RESULTS</b>				
<b>Urgent:</b>		<input type="checkbox"/> Post menopausal bleeding on Menopause Hormone Therapy (MHT) <input type="checkbox"/> Early Menopause (<45 years old)		
		<input type="checkbox"/> Primary Ovarian Insufficiency (POI)		
<b>Primary Ovarian Insufficiency (POI) Definition:</b> The presence of menstrual disturbances such as oligomenorrhea or amenorrhea lasting 4 months, FSH level more than 25 IU/L on 2 occasions at least 4 weeks apart, and age < 40 years.				
<b>Semi Urgent:</b>		<input type="checkbox"/> Severe / poorly responsive symptoms <input type="checkbox"/> Contraindication to traditional menopausal therapy		
		<input type="checkbox"/> Personal history of breast or endometrial cancer		
<b>Routine:</b>		<input type="checkbox"/> Vasomotor symptoms <input type="checkbox"/> Sexual health <input type="checkbox"/> Heavy and/or painful menses		
		<input type="checkbox"/> Contraception (Perimenopause) <input type="checkbox"/> Genitourinary Syndrome of Menopause <b>Please consider a referral to Pelvic Floor Physio prior to referring.</b>		
		<input type="checkbox"/> Depression/anxiety during menopause <b>Please consider trial of SSRI/SNRI prior to referring.</b> <input type="checkbox"/> Sleep concerns during menopause <b>Please consider self referral for sleep hygiene and/or CBT Insomnia prior to referring.</b>		
<b>What are the next steps after I refer someone?</b> Once the referral is received, the Women's Mid-Life Health Program will send an acknowledgment letter to the referring physician and patient with an expected wait time. The patient will be contacted 2-3 months prior to their appointment to schedule an intake visit with our clinic nurse. Our current wait time is 2 years. While waiting for an appointment, please consider the use of the MQ6 treatment algorithm for managing menopausal symptoms: <a href="https://mq6.ca">https://mq6.ca</a> . Additional patient & healthcare provider resources are found at: <a href="https://www.canadianmenopausesociety.org">https://www.canadianmenopausesociety.org</a> .				
<b>Physician Signature:</b>				<b>Date:</b>