

Menopause Referral Requirements Checklist

Please complete the following investigations and details prior to referral to ensure timely and appropriate triage

To: Referring Provider

From: Avivo Health Alliance – Menopause Team

Patient Demographics

- Full Name
- Date of Birth
- Alberta Health Care Number (ABHC#)
- Unique Lifetime Identifier (ULI#) if applicable
- Email Address
- Phone Number

Required Pre-Referral Investigations (within the last 12 months)

1. Baseline Laboratory Testing
 - CBC, Hgb
 - TSH
 - Ferritin
 - HbA1c
 - Lipid panel
 - ALT
 - FSH if the patient is under 40 years old and you suspect premature ovarian insufficiency

Please indicate if it is an URGENT referral for the following:

- Premature Ovarian Insufficiency (POI): Age <40, amenorrhea \geq 4 months, elevated FSH twice
- Early menopause (<45 years) without clear cause
- Severe vasomotor symptoms unresponsive to first – line treatment
- Complex contraindications to hormone therapy requiring specialist guidance
- Recurrent or unexplained abnormal uterine bleeding in peri or post menopause

Re-Referral Instructions

If the above investigations are incomplete, please complete the required items and re-refer with results attached so our team can triage appropriately and book your patient in a timely manner.