Second Spring

Fax to 416-546-3657

Consultation Request Form
Menopause Care

www.secondspring.ca

PATIENT INFORMATION

Patient name _____

Health card number _____ Version code _____

Date of birth (DD/MM/YYYY) _____

Email _____

Address _____

Patient phone number _____

REFERRING PROVIDER

Referring provider _____

Billing # _____

Office phone number _____

Office fax number _____

Menopause Management Including Hormone Replacement Therapy (HRT)

REASON FOR REFERRAL

- ☐ Hot flashes
- ☐ Night sweats
- ☐ Weight gain
- ☐ Mood changes
- ☐ Decreased libido
- ☐ Musculoskeletal symptoms
- ☐ Brain fog
- ☐ Other

PLEASE SEND

- ☐ Recent blood work
- ☐ Last mammogram
- ☐ Last Pap smear

Please do not refer if: Past or present history of breast cancer, Undiagnosed vaginal bleeding, Bleeding disorder or history of DVT

MEDICAL INFORMATION

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MEDICATIONS

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Fully covered by OHIP, In clinic visits

Due to the high volume of patients, care is provided for 12–18 months, after which follow-up is transitioned back to the Family Physician.

Dr. Lorena Barrientos

MD, FCFPC, Menopause Society Certified Practitioner

Fax: 416-546-3657 Phone: 416-546-3487

Email: admin@umedical.ca