**Menopause Symptoms after Breast Cancer MDT Referral Form**

* Please send to The Christie new referrals inbox **(**[**the-christie.new-referrals@nhs.net**](mailto:the-christie.new-referrals@nhs.net)**)**
* The subject line must follow the format *‘****New Referral BCET [NHS number] [Christie number (if applicable)]****’*
* Please attach patient’s most recent Pathology report along with this referral form.
* Has the patient had recent menopause bloods taken? (tick if yes) ☐
* If yes, please attach with this document.

**Referring team information:**

Referring Clinician: Click or tap here to enter text.

Referring Hospital: Click or tap here to enter text.

Address: Click or tap here to enter text.

Contact number: Click or tap here to enter text.

Contact email address: Click or tap here to enter text.

Treating oncologist: Click or tap here to enter text.

**Patient Demographics:**

Name: Click or tap here to enter text.

NHS number: Click or tap here to enter text.

DOB: Click or tap here to enter text.

Address: Click or tap here to enter text.

Email address: Click or tap here to enter text.

Telephone number: Click or tap here to enter text.

GP details: Click or tap here to enter text.

Is an interpreter needed? Choose an item.

Preferred language? Click or tap here to enter text.

**Previous Breast Cancer History**

Date of diagnosis: Click or tap to enter a date.

Tumour characteristics

* Stage: Click or tap here to enter text.
* Type: Click or tap here to enter text.
* Grade: Click or tap here to enter text.
* Size: Click or tap here to enter text.
* Node Status: Click or tap here to enter text.
* ER Score: Click or tap here to enter text.
* PR Score: Click or tap here to enter text.
* HER2: Click or tap here to enter text.

Treatment to date including details of any endocrine switch:

* Surgery: Click or tap here to enter text.
* Chemotherapy: Click or tap here to enter text.
* XRT: Click or tap here to enter text.
* ET: Click or tap here to enter text.

Date commenced Endocrine Therapy: Click or tap to enter a date.

**Additional Past Medical History**

**Current Drug History**

Allergies:

**Gynaecology History**

Current menstrual pattern:

LMP:

**Lifestyle Factors**

Smoking status:

BMI:

**Current troublesome menopausal symptoms**

**Menopausal strategies tried to date**