
Pre-Appointment Questionnaire (Perimenopause/Menopause)

Name:

DOB:

NHI (if known):

❖ What are your main concerns regarding perimenopause/menopause?

❖ Approximately when was your last period?

❖ Are you currently needing/using contraception?

❖ Have you had a hysterectomy? If so, was it a total one i.e. was your cervix removed?

❖ Have you ever been diagnosed with endometriosis?

❖ What is your average weekly alcohol intake?

❖ Do you smoke or vape? If so, how much?

❖ Do you have any personal or family history of breast cancer/osteoporosis or cardiovascular disease?

❖ Are you currently taking any over the counter supplements? e.g. vitamins or other

❖ Are you on any regular medications?

❖ Do you currently have, or have you previously had, any other significant health conditions ? e.g. heart or lung disease, cancer, blood clots, thyroid disease, stroke, depression/anxiety/post-natal depression, recurring urine infections

❖ Are you up to date with cervical smears and mammograms?

❖ Any additional information that you feel may be helpful for your health provider to be aware of?

Courtenay Medical Menopause Clinic Consultation fees

First Consultation (comprehensive assessment with Nurse) \$180

Follow-up consultation with GP & Prescription \$81

I understand payment is required on the day of consultation. All appointments in our Menopause Clinic are subject to a 24-hour cancellation policy. An \$81 fee will be charged for appointments cancelled with less than 24-hours' notice.

SIGNED _____

DATE _____