## McMaster Pediatric Endocrinology Outpatient Clinic Referral form for:

## **Menstrual Irregularities**



Dear referring Practitioner,

- Please print and complete this page then fax back with the completed referral.
- Please review the following checklist to ensure that all information is available for more efficient triaging and shorter wait times for your patient.
- Please send this completed application only once results for all required investigations are available. Referrals with pending results will not be triaged until results are available.

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[ ] Irregular menses
[ ] Clinical evidence of hyperandrogenism (hirsutism, acne) and/or:
Biochemical evidence of hyperandrogenism (elevated free Testosterone
DHEAS/Androstenedione/ 170HP)
,
Investigations Required:
[ ] Free testosterone
[ ] Total testosterone
[ ] DHEAS
[ ] Androstenedione
[ ] LH
[ ] FSH
Estradiol (during follicular phase or after 2 months of amenorrhea)
[ ] 17 OHP
Prolactin
TSH
-

## **Triaging Urgency for Menstrual Irregularity Appointments:**

• Elective

We strive to meet the triaging times (below), but please note that times may vary in particular for non-urgent or elective referrals.

## Thank you Categories for Urgency: Emergent- contact staff endocrinologist on call (905) 521-5030 Urgent – within 7 days – contact staff endocrinologist on call before sending referral (905) 521-5030 Semi-urgent – 1 to 4 weeks Non-urgent – 4-16weeks Elective— Next available