Menopause and perimenopause health assessment checklist for MBS items 695 and 19000

Patient name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of assessment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

GP name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Duration of consultation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*minimum 20 minutes required*)

## 1. Patient history

Menopausal status:

☐ Pre ☐ Peri ☐ Post

Age of onset (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Menstrual history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Symptoms:

☐ Hot flushes

☐ Night sweats

☐ Mood changes

☐ Sleep disturbances

☐ Vaginal dryness

☐ Cognitive changes/brain fog

☐ Arthralgias

☐ Sexual dysfunction

☐ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Impact on quality of life: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Past medical history (e.g., cardiovascular, osteoporosis, cancer): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family history: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current medications/supplements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contraindications to HRT or other therapies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 2. Physical examination

☐ Blood pressure: \_\_\_\_\_\_ mmHg

☐ Height: \_\_\_\_\_\_ cm

☐ Weight: \_\_\_\_\_\_ kg

☐ BMI: \_\_\_\_\_\_

☐ Other relevant findings: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## 3. Risk assessments as appropriate

☐ [FRAX- plus](https://www.fraxplus.org/calculation-tool) (osteoporosis risk)

☐ [Cardiovascular risk](https://www.cvdcheck.org.au/calculator)

☐ [Australian type II diabetes](https://www.health.gov.au/resources/apps-and-tools/the-australian-type-2-diabetes-risk-assessment-tool-ausdrisk/tool) risk tool

☐ [PHQ-9](https://www.mdcalc.com/calc/1725/phq9-patient-health-questionnaire9) depression assessment

## 4. Investigations (as clinically indicated)

☐ Cervical screening

☐ Mammography

☐ Bone densitometry

☐ Blood tests (e.g., lipids, HBA1C%, thyroid function)

## 5. Management discussion

Non-pharmacological strategies:

☐ Lifestyle modification

☐ CBT/mindfulness

☐ Vaginal moisturisers/lubricants

Pharmacological options:

☐ Non-hormonal therapies

☐ MHT (type, route, risks/benefits)

☐ Risks and benefits discussed

☐ Patient preferences and concerns noted

## 6. Management plan

☐ Symptom management plan tailored to patient

☐ Follow-up schedule

☐ Monitoring plan for therapy (if initiated)

## 7. Referrals (as clinically indicated)

Referral to:

☐ Gynaecologist

☐ Endocrinologist

☐ Psychologist

☐ Dietitian

☐ Other: \_\_\_\_\_\_\_\_\_\_

## 8. Preventative health advice

☐ Physical activity

☐ Smoking cessation

☐ Alcohol moderation

☐ Nutrition and weight management

☐ Mental health support

## 9. Additional notes

☐ Patient provided with educational resources

☐ Practice nurse/health worker involvement (if applicable)

☐ Consent obtained for any referrals/tests

