Please refer to the **Devon Formulary and Referral websites** for helpful primary care information for management of referrals and up to date referral criteria. [Eastern](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/eastern-locality/gynaecology/heavy-menstrual-bleeding-primary-care-management) [Northern](https://northeast.devonformularyguidance.nhs.uk/referral-guidance/northern-locality/gynaecology/heavy-menstrual-bleeding-primary-care-management) [South Devon & Torbay](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/south-devon-torbay/obstetrics-gynaecology/heavy-menstrual-bleeding-primary-care-management) [Western](https://southwest.devonformularyguidance.nhs.uk/referral-guidance/western-locality/obstetrics-and-gynaecology/heavy-menstrual-bleeding-primary-care-management)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Patient Details:** *Please ensure this information is up to date.* | | | | |
| Surname: | | Date of Birth: | | |
| Forename(s): | | Gender: | | Ethnicity: |
| Address (inc postcode): | | NHS Number: | | UBRN |
| Telephone Numbers: | Tel No (Home): | Tel No (work): | | Tel No (Mobile): |
| Patient’s email address |  | | |  |
| **GP Details:** | | | | |
| Referring GP: | | | Practice Address: | |
| Practice Name: | | |
| Practice Tel No: | | |
| Practice Email Address: | | |

**TREATMENT OPTIONS: (**If not used, please specify why**)**

|  |  |
| --- | --- |
| **Non-hormona**l (or desiring of fertility) | |
| Tranexamic Acid | Yes/No |
| NSAIDs throughout cycle (e.g. Naproxen best evidence) | Yes/No |

|  |  |
| --- | --- |
| **Hormonal** (even if contraception not required) | |
| Levonorgestrol-releasing intrauterine system (IUS);  6 month trial unless contraindicated. (If fitting of IUS is not available in your surgery please redirect to local family planning clinic (if patient does not require IUS for contraception but purely for bleeding management please provide patient FP10 for IUS) | Yes/No |
| Combined oral contraceptive pill (COCP); 3 month trial unless contraindicated | Yes/No |
| Cyclical progestogen or Depo-provera; 3 month trial unless contraindicated | Yes/No |

|  |  |
| --- | --- |
| **Examination Findings/Test Results** | **Result** |
| **Pelvic and speculum examination** |  |
| **Pelvic (ideally transvaginal) USS** |  |
| **Up to date smear** (however it is not necessary to perform additional smears as this is not an investigation for bleeding of any kind) |  |
| **Full blood count (FBC)** |  |
| **Ferritin, Thyroid function test (TFT) and clotting studies** (only if clinically indicated) |  |

**Referral letter:**

**Relevant Past Medical History:**

**Current Medication:**

**Allergies:** *(Medication or other adverse effects)*

**BMI** (mandatory): All patients should be strongly encouraged to keep BMI in health range – high BMI contributes to high circulating oestrogens and heavy menstrual bleeding. Surgical management is likely to be declined if BMI is over 35

**Smoking Status:** (not mandatory but helpful)

|  |  |
| --- | --- |
| **Referral Metrics:** (Please include latest results where available) | |
| **Body Mass Index (BMI)** |  |
| **Blood Pressure** |  |
| **Smoking Status** |  |
| **Pulse** |  |
| **Haemoglobin** |  |
| **HbA1c** |  |