**PROFORMA FOR DIRECT REFERRAL TO ONE STOP MENSTRUAL BLEEDING DISORDER CLINIC (OUTPATIENT HYSTEROSCOPY CLINIC) (NOT 2 WEEK RULE)**

|  |  |  |  |
| --- | --- | --- | --- |
| Patient name |  | Hospital Number |  |
| NHS Number |  | Date of Birth |  |
| Address |  | Telephone number |  |
|  |  | GP Practice |  |
|  |  |  |  |
|  |  |  |  |
| **Priority** | **ROUTINE** | **URGENT** |  |

**Referral Criteria (Please Tick as many as applicable)**

|  |  |  |
| --- | --- | --- |
| 1 | Menorrhagia **with** |  |
|  | Failure to respond to medical treatment with normal pelvic USS |  |
|  | Contraindication to medical treatment with normal pelvic USS |  |
|  | Abnormal pelvic USS Fibroid<3 cm; suspected polyp |  |
|  | Persistent breakthrough bleeding on COC with normal pelvic USS |  |
|  | Persistent intermenstrual bleeding with normal pelvic USS |  |
|  | Breakthrough bleeding on HRT with normal pelvic USS (Refer as urgent) |  |
| 2 | Lost IUCD/IUS |  |
| 3 | Difficult insertion of IUCD/IUS |  |
| 4 | Has not had hysterectomy and pregnancy has been excluded |  |
| 5 | Does not fulfil 2 week criteria |  |
| 6 | Understands and agrees outpatient investigation+/- treatment |  |
| 7 | Mirena IUS has been discussed (patient keen but facility not available ) |  |
| 8 | Mirena has been discussed but patient not keen |  |
|  | Gynaecological history: |  |
| Last Cervical smear and result |  |
| Latest haemoglobin +/- Ferritin |  |
| Current medications |  |

**Fax Referral to Jasmine Suite for attention of Sister Gill Clarke on 01614194644**