**Discharge Letter**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dear patient,

You were referred to our Endocrinology Clinic for assessment of your **Polycystic Ovarian Syndrome (PCOS)**. At this time, you no longer need follow-up at our clinic.

This letter includes your care instructions and test results. Please follow up with your primary care provider. They will also receive a report with this information.

**Care instructions**

* Continue your medications as prescribed by your endocrinologist and seek ongoing renewals from your family physician
* Maintain a healthy **lifestyle**, including a balanced diet (with protein and fibre) and minimum of 150min of exercise per week (including 2 days of resistance training).
* If you do not take medication to keep your periods regular (birth control pills, IUD or progesterone), watch for any **unusual cycles** (periods last 10 days or more, you have bleeding in the middle of your cycle, or your periods come more than 3 months apart)
* If this happens, see your family doctor. This could be a sign of thickening of the walls of the uterus. This needs to be assessed as it is a risk factor for cancer of the uterus
* If you are taking an anti-androgen medication (i.e. spironolactone), you should not become pregnant and must use contraception when sexually active, as this medication can **harm the fetus**
* See your family physician once per year to monitor for **cardiovascular** risk factors associated with PCOS (this will usually include blood pressure measurement and in some years, will include blood work).

Please have your family doctor refer you back to our clinic or another endocrinologist if:

* You want to consider alternative options to regulate your menstrual cycles
* You wish to become pregnant within the next 12 months and you are not having predictable periods without birth control medications (referral to a fertility clinic is also advised)
* If you have more worsening hyperandrogenic symptoms (ie. thick coarse hairs on the face, chest, abdomen or back, worsening acne or hair loss on the scalp)

**PCOS history**

Year you were diagnosed: \_\_\_\_\_\_

Medications to protect your uterus from thickening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications to treat symptoms of high testosterone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medications to reduce cardiovascular risk: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Imaging results**

Pelvic U/S (mm/yy): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Blood work results**

|  |  |  |
| --- | --- | --- |
| **Date** | **Test** | **Result** |
| **Work-up for other causes of symptoms** | | |
|  | TSH |  |
|  | Prolactin |  |
|  | 17-OH Progesterone |  |
|  | Progesterone |  |
|  | FSH/LH |  |
|  | Estradiol |  |
|  | Total testosterone |  |
|  | Bioavailable testosterone |  |
|  | DHEAS |  |
| **Work-up of cardiovascular risk** | | |
|  | A1C or OGTT |  |
|  | LDL & Triglyceride |  |
|  | ALT |  |