A PRACTICAL GUIDE

Getting Menopause Support from Your GP

How to prepare for your appointment, what to ask for, and what to do if you don't feel heard.

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This guide is for information only and is not a substitute for professional medical advice.

01 INTRODUCTION

Why I created this guide

When I first started experiencing symptoms of perimenopause, I didn't really understand what was happening to me.

I was dealing with intense itching, exhaustion and anxiety that seemed to come out of nowhere.

When I eventually went to my GP, I was told I was too young to be perimenopausal.

It took me quite a while to get the support I needed, and I learned a lot along the way.

That's why I've created this guide. I want women to feel better prepared for those conversations and understand what support they can ask for.



WHAT THIS GUIDE WILL HELP YOU DO

01 Prepare for your appointment
Know what to note down, what to bring and what to ask.

02 Have a confident conversation
Understand what your GP is likely to discuss and what you can ask about.

03 Speak up if you're not heard
Know what to say if you feel dismissed or unsure.

04 Know what happens next
Leave with a clear next step and know how to follow it up.

05 Find support around you
Know what help may be available at work and from the people around you.

02 BEFORE YOUR APPOINTMENT

How to prepare

A GP appointment is often around ten minutes, which isn't long to talk through everything you've been experiencing. A bit of preparation helps you make the most of that time.

> COMMON WORRY
>
> *"What if I'm not taken seriously?"*
>
> It's a really common worry. Going in prepared helps. If you have notes on your symptoms, a few clear questions and some understanding of the NICE guidance, it's easier to explain what's going on and talk through your options.

WHO TO SEE

Ask about menopause experience	When you book, ask whether a GP or nurse at the practice has a special interest in menopause. Not every practice will have one, but it's worth asking.
Ask for a longer appointment	Some practices offer double appointments. Where they're available, they give you more time to talk things through.
Bring someone with you	A partner, friend or relative can help you remember what was said and support you in the conversation.

WHAT TO PREPARE

Note your symptoms	Start noting your symptoms as soon as you can. Record what you're experiencing, how often it happens and how it affects your everyday life. Even a few days of notes can help you prepare for your appointment, while longer tracking may reveal useful patterns.
Write down your top three questions	It's easy to forget what you wanted to ask once you're in the room.
List your medications	Include prescribed medicines, supplements and anything you buy over the counter.
Read the NICE guidance	NICE guideline NG23 sets out how menopause should be identified and managed.[1] Knowing the basics helps you understand your options and what to ask about.

03 DURING YOUR APPOINTMENT

What to expect

A good menopause appointment is a two-way conversation where you feel informed, involved and respected.

> COMMON WORRY
>
> *"I don't want to seem like I'm telling them what to do."*
>
> You're not. Knowing your options and asking questions is different from demanding a particular outcome. Most GPs welcome a patient who has thought about what they want to discuss.

WHAT YOUR GP MAY DISCUSS WITH YOU

Your symptoms and their impact	How your symptoms are affecting your daily life, not just a list of what they are.
Diagnosis	For people aged 45 and over, NICE guidance generally recommends diagnosing perimenopause or menopause based on symptoms and menstrual history, without routine hormone blood tests. Different considerations apply in some circumstances.[1]
Treatment options	HRT and non-hormonal options, including cognitive behavioural therapy (CBT) for some symptoms.[1] The benefits and risks should be explained as they apply to you, as the right approach varies from person to person.
Lifestyle and wellbeing	How things like movement, diet, sleep and stress management can support you alongside any treatment.
Long-term health	Menopause can affect bone and heart health, so it's worth asking how to look after both.[1]
Follow-up	If you start or change treatment, NICE recommends a review at three months, then usually once a year.[1]

TIPS FOR THE ROOM

Use your notes	Have your symptom notes and questions in front of you, and jot down key points as you go. You can also ask if it's okay to record the conversation.
Ask for clarification	If something isn't clear, it's fine to ask for it to be explained again.
Check the next step	Before you leave, make sure you know what happens next. Aim for at least one clear step, such as a treatment plan, a review date, a referral or further tests.

04 WHAT TO SAY

Phrases that help

Speaking up can feel hard, especially if you've been dismissed before. Use these as a starting point. You don't need to say them word for word.

TO OPEN THE CONVERSATION

- “I've been tracking my symptoms and I'd like to talk through how they're affecting my daily life.”
- “I'd like to explore whether perimenopause could be contributing to how I've been feeling.”
- “I've read the NICE guidance and I'd like to go through my options with you.”

TO DISCUSS TREATMENT AND SUPPORT

- “I'd like to understand all of my options, including HRT, non-hormonal treatments and lifestyle changes.”
- “These symptoms are having a real impact on my quality of life and I'd like more support.”
- “Can we agree a plan today and book a follow-up to review how I'm getting on?”

IF YOU DON'T FEEL HEARD

- “I'd like to understand whether a referral to a menopause specialist would be appropriate in my situation.”
- “Could you note in my records that we've discussed this today?”
- “I feel strongly that something hormonal is going on and I'd like it looked into further.”

You're allowed to take up space in that room. You can ask questions and keep going until you feel properly supported.

05 AFTER YOUR APPOINTMENT

What to do next

It's normal to come away from an appointment with mixed feelings. Whatever the outcome, a few simple steps will help you keep things moving.

STRAIGHT AFTER

Write down what was discussed	Note what was agreed, including any treatment, tests or referrals, and anything you didn't get to cover.

IN THE WEEKS AHEAD

Keep tracking if it helps	Your notes can show what's changing and are useful to bring to your review.
Notice how treatment is going	Changes can take time to settle. Make a note of what's helping and any side effects.
Book your review	If you've started or changed treatment, NICE recommends a review at three months.[1] If it hasn't been arranged, contact the surgery.
Get advice sooner if needed	Don't wait for your review if symptoms continue or get worse, side effects are troubling you, or something new worries you.

IF THINGS AREN'T IMPROVING

Ask for another opinion	You can ask to see a different GP, or one with a special interest in menopause if your practice has one.
Discuss a referral	NICE guidance recommends referral to a healthcare professional with expertise in menopause if treatments haven't improved symptoms, and suggests considering it in some other situations, such as ongoing side effects.[1] It's reasonable to ask whether this would be appropriate for you.
Give feedback	If you have concerns about how you've been treated, you can raise them with the practice manager.

Your care should be ongoing, not a one-off conversation.

06 SUPPORT AROUND YOU

You don't have to do this alone

Your GP is one part of the picture. Support at work and from the people around you can make a real difference too.

SUPPORT AT WORK

Many organisations offer more support than people realise. Check your intranet, or ask HR or your line manager, about:

A menopause policy or guidance	This sets out what support is available and how to ask for it.
An Employee Assistance Programme	Often free and confidential, with access to counselling and wellbeing support.
Occupational health	If your organisation has an occupational health service, it can advise on changes that might help at work.
Staff networks and support groups	Women's, wellbeing or menopause networks can be a valuable source of peer support.
Practical adjustments	Small changes can help, such as flexible start times, a desk fan, easy access to cold water, breathable uniform or more regular breaks.

PARTNERS, FRIENDS AND FAMILY

Letting the people close to you know what you're going through, in as much detail as you're comfortable with, can make everyday life easier and help them understand how to support you.

SUPPORTING SOMEONE ELSE?

Listen first	Let them share what they want to, in their own time. You don't need to have the answers.
Don't make assumptions	Everyone's experience is different, and not every change will be menopause-related.
Respect their privacy	It's their decision what they share, who with, and what support they accept.
Offer practical help	If they'd find it helpful, offer to help them keep track of symptoms, appointments or questions they want to ask.

07 FURTHER SUPPORT

Trusted resources

There's a lot of menopause information out there, and not all of it is reliable. These organisations offer clear, evidence-based information.

RECOMMENDED SOURCES

NHS: Menopause	An overview of perimenopause and menopause, symptoms and treatment options. www.nhs.uk/conditions/menopause
NICE Guideline NG23: Menopause: Identification and Management	The guidance GPs follow when diagnosing and managing menopause. www.nice.org.uk/guidance/ng23
British Menopause Society	The UK's specialist society for healthcare professionals working in menopause. thebms.org.uk
Women's Health Concern	The patient arm of the British Menopause Society, with factsheets written for patients. www.womens-health-concern.org
The Menopause Charity	Information, education and support for anyone affected by menopause. www.themenopausecharity.org

REFERENCES

1. National Institute for Health and Care Excellence (NICE). *Menopause: identification and management*. NICE guideline NG23. First published November 2015, last updated April 2026. See the sections on diagnosis of perimenopause and menopause, managing short-term menopausal symptoms (including review and referral), and long-term benefits and risks of HRT. www.nice.org.uk/guidance/ng23

2. NHS. *Postmenopausal bleeding*. NHS website, accessed October 2026. www.nhs.uk/conditions/post-menopausal-bleeding

This guide is educational information written by Neema Sempebwa, Certified Menopause Coaching Specialist. It is not medical advice and does not replace a consultation with your GP or another qualified healthcare professional, who can advise on your individual circumstances. Information checked against NICE guidance and NHS information in October 2026.

08 SYMPTOM TRACKER

Track your symptoms

Perimenopause and menopause can affect people in many different ways. Use this tracker to record what you're experiencing and how it's affecting your everyday life.

0 Not present **1** Mild **2** Moderate **3** Severe **4** Very severe

Use the notes page to record how often symptoms occur, any patterns you've noticed and how they're affecting your daily life.

Week starting _____

EMOTIONAL AND PSYCHOLOGICAL	0	1	2	3	4
Feeling anxious or on edge	○	○	○	○	○
Low mood or feeling down	○	○	○	○	○
Irritability	○	○	○	○	○
Mood swings	○	○	○	○	○
Rage or unexpected anger	○	○	○	○	○
Panic attacks	○	○	○	○	○
Feeling detached or flat	○	○	○	○	○
Brain fog or poor concentration	○	○	○	○	○
Memory problems	○	○	○	○	○
Loss of confidence	○	○	○	○	○
Feeling invisible or low self-worth	○	○	○	○	○

SLEEP AND ENERGY	0	1	2	3	4
Difficulty falling or staying asleep	○	○	○	○	○
Night sweats	○	○	○	○	○
Physical or mental exhaustion	○	○	○	○	○
Restless legs	○	○	○	○	○

08 SYMPTOM TRACKER

Track your symptoms continued

0 Not present 1 Mild 2 Moderate 3 Severe 4 Very severe

PHYSICAL	0	1	2	3	4
Hot flushes (day or night)	○	○	○	○	○
Heart palpitations (racing or skipped beats)	○	○	○	○	○
Headaches or migraines	○	○	○	○	○
Joint and muscle pain	○	○	○	○	○
Dizziness	○	○	○	○	○
Tingling hands or feet	○	○	○	○	○
Skin changes (dryness, itching, crawling)	○	○	○	○	○
Hair thinning or loss	○	○	○	○	○
Bloating, digestive changes or weight gain	○	○	○	○	○
Breast tenderness, burning mouth or dry eyes	○	○	○	○	○

HORMONAL AND REPRODUCTIVE	0	1	2	3	4
Irregular or missed periods	○	○	○	○	○
Vaginal dryness or discomfort	○	○	○	○	○
Urinary urgency or leaking	○	○	○	○	○
Frequent UTIs	○	○	○	○	○
Low libido	○	○	○	○	○

This tracker is intended to help you organise your observations and prepare for a healthcare conversation. It is not a diagnostic assessment.

Many of these symptoms can have other causes, so it's worth discussing anything new, persistent or worrying with your GP. Contact your GP promptly about any vaginal bleeding after menopause, even if it's a small amount or has only happened once.[2]

08 SYMPTOM TRACKER

Notes for your appointment

HOW MY SYMPTOMS ARE AFFECTING ME

How often symptoms occur, any patterns you've noticed, and the effect on sleep, work, mood, relationships and everyday activities.

MY TOP THREE QUESTIONS

1

2

3

MEDICATIONS AND SUPPLEMENTS I TAKE

09 A FINAL WORD

A final word from Neema

I know how difficult it can be when you're experiencing symptoms you don't fully understand, particularly when you don't feel listened to.

I hope this guide helps you feel more prepared and confident when speaking to your GP.

Remember, you can ask questions, explore your options and seek further advice if you need it.

Getting the right support can take time, but you don't have to navigate it all on your own.

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MENOPAUSE WORKSHOPS & TRAINING

I also deliver menopause awareness sessions, webinars and workshops for organisations, focused on practical, evidence-informed approaches to wellbeing and support. Find out more at www.neemasempebwa.com/menopause-workshops/