The **FORTIES FORMULA** *podcast*

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FREE RESOURCE

Your GP Appointment Script

for Women in Their 40s

What to say, what to ask for, and how to leave with answers — not dismissals.

Most women in their 40s leave GP appointments feeling unheard. This script gives you the exact language to use so you are taken seriously, tested appropriately, and not sent home with advice that ignores your hormonal reality. **Print it. Take it in. Use it.**

1 BEFORE YOU GO — PREPARE THIS

- ☐ Write down your top 3 symptoms and how long you have had each one
- ☐ Note how symptoms affect your daily life (sleep, work, relationships, exercise)
- ☐ Write down your current diet pattern — include any restrictions (vegetarian, vegan, dairy-free, gluten-free) as these influence nutrient levels and hormone metabolism
- ☐ Note your typical sleep pattern — hours, quality, whether you wake during the night and how often
- ☐ Note your exercise habits — type, frequency, and whether your capacity or recovery has changed recently
- ☐ List any supplements or medications you are currently taking
- ☐ Write down your cycle pattern if still menstruating — regularity, duration, any changes
- ☐ Note your last blood test and what was checked, if known
- ☐ Bring this sheet with you

2 HOW TO OPEN THE APPOINTMENT

SAY THIS FIRST

“I am here because I believe I may be in perimenopause. I have been experiencing [your symptoms] for [timeframe] and it is affecting [sleep / work / daily life]. I would like to discuss this properly today.”

Leading with “I believe” signals self-advocacy without being confrontational. Naming perimenopause directly stops it being reframed as anxiety or stress before the conversation has begun.

3 TESTS TO ASK FOR BY NAME

SAY THIS

“I would like to request a full hormonal and metabolic panel. Specifically I would like to check my [see grid below].”

Oestradiol (E2)
Primary oestrogen — fluctuates significantly in perimenopause. Best tested on day 3–5 of your cycle.

FSH & LH
Elevated FSH indicates the ovaries are working harder. Also best on day 3–5.

Thyroid (TSH, Free T3, Free T4)
Thyroid dysfunction mirrors perimenopause symptoms closely

Ferritin
Low ferritin causes fatigue and brain fog — often missed

Fasting insulin & glucose
Oestrogen decline accelerates insulin resistance in the 40s

Vitamin D
Deficiency worsens mood, sleep, and bone density loss

Cortisol (AM)
Chronic stress dysregulates the HPA axis — affects all hormones

Full blood count
Rules out anaemia, immune issues, and other systemic causes

hs-CRP
High-sensitivity C-reactive protein — measures systemic inflammation, a key driver of perimenopausal symptoms

B12
Critical for energy, brain function, and nerve health. Especially important if you follow a vegetarian or vegan diet.

4 IF YOU ARE DISMISSED — USE THESE

KNOW THIS BEFORE YOU GO IN

The clinical guidelines in your country give you the right to push back. If told your bloods are “normal” or you are “too young,” you are entitled to a proper assessment based on your symptoms.

UK — NICE (NG23): For women over 45, perimenopause can be diagnosed on symptoms alone. Blood tests are not required.

Australia — Jean Hailes / RACGP: Diagnosis is clinical and symptom-based. GPs are advised to consider perimenopause from the early 40s, not to rely solely on FSH levels.

Singapore — MOH Guidelines: Perimenopause is a clinical diagnosis. Women are entitled to assessment and discussion of all management options including hormone therapy.

US — The Menopause Society (NAMS): Perimenopause is diagnosed on clinical grounds. Lab tests are used to exclude other causes only, not to confirm diagnosis. Specialist referral is a patient right.

THEY SAY: *“Your bloods are normal.”*

> *“Were these tested on day 3–5 of my cycle? Hormone levels fluctuate significantly across the month and timing affects accuracy. I also want to understand the difference between a “normal” result and an “optimal” one — what are the optimal ranges for a high-functioning woman in her 40s?”*

THEY SAY: *“You’re too young for menopause.”*

> *“Perimenopause can begin in the late 30s and through the 40s. I am not asking for a menopause diagnosis — I am asking for perimenopause to be investigated.”*

THEY SAY: *“This sounds like anxiety.”*

> *“I understand that is a possibility. Before we treat this as a mental health issue, I would like hormonal causes to be ruled out first. Can we start there?”*

THEY SAY: *“Let’s wait and see.”*

> *“These symptoms are affecting my quality of life now. I would like a plan for investigating them rather than monitoring. What would that look like?”*

5 DO NOT LEAVE WITHOUT THESE

ASK BEFORE YOU GO

- → A blood test referral or reason why tests are not being ordered
- → A follow-up appointment booked — not “come back if it gets worse”
- → Confirmation of what is being investigated and why
- → Name of a GP/doctor at the practice with a women’s health specialism

YOUR RIGHT TO SAY

- → Request a second opinion — this is always within your rights
- → Ask for a referral to a menopause specialist or clinic
- → Request a longer appointment if not given adequate time
- → Make a formal complaint if your concerns were not addressed

JASMIN & AMANDA SAY

“You know your body. You are not imagining it. Go in informed, go in prepared, and do not leave without a plan. Your 40s deserve more than being told to come back in six months.”