Hormone Replacement Therapy (HRT) Checklist

Please complete and either post/hand in to Slateford Medical Practice or email it to:

[Clinical.s70997@nhslothian.scot.nhs.uk](mailto:Clinical.s70997@nhslothian.scot.nhs.uk)

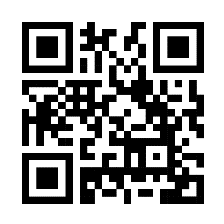
**Please complete this form every 12 months whilst taking HRT.**

Please provide us with an up-to-date blood pressure reading:

If you do not have a machine at home you could ask a chemist to check it for you or book an appointment with our heath care assistant.

If you have any questions or concerns about your HRT please speak to your GP. **If you have been taking HRT for five or more years it may be recommended that you consider stopping your HRT, please make a phone appointment with GP to discuss further.**

Please use the QR code or visit the website below to read about risks and benefits of HRT**. Please tick the following box to confirm that you understand the information provided**

 or visit www.nhs.uk/conditions/hormone-replacement-therapy-hrt/risks/

|  |  |
| --- | --- |
| Date of completion |  |
| Name |  |
| Date of Birth |  |
| Telephone Number |  |

|  |
| --- |
| What is the name of your HRT? |
| Do you have a coil? If so, please provide us with the name (e.g. mirena) and date of insertion |
| Why do you take HRT?  Early menopause (before aged 45)  or Menopausal symptoms |
| How old were you when you started taking HRT?  How long have you been on HRT? |
| Please record your weight (in kg) |
| Please record your height (in cm) |
| Do you smoke? No  Yes |

|  |  |  |
| --- | --- | --- |
| **Do you have a history of:** | Yes | No |
| Breast cancer |  |  |
| Ovarian cancer |  |  |
| Endometrial cancer |  |  |
| Heart disease such as previous heart attack or angina |  |  |
| Stroke |  |  |
| Endometriosis |  |  |
| Deep vein thrombosis (DVT), pulmonary embolus (PE) or other blood clot |  |  |
| Migraines with aura |  |  |
| Blood clotting abnormality |  |  |
| Diabetes |  |  |
| Hysterectomy |  |  |

If yes to any of the above please provide details:

|  |  |  |
| --- | --- | --- |
| **Do you have a family history of:** | Yes | No |
| Breast cancer |  |  |
| Ovarian cancer |  |  |
| Endometrial cancer |  |  |
| Heart disease such as heart attack or angina |  |  |
| Stroke |  |  |
| Blood clots such as deep vein thrombosis (DVT) or pulmonary embolus (PE) |  |  |

If yes to any of the above please provide details:

|  |  |  |
| --- | --- | --- |
| Do you understand that, rarely, HRT can cause a blood clot and that the symptoms of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up blood? | Yes | No |
| Do you understand that you should tell a healthcare professional that you are on HRT if you need to have an operation or have a period of prolonged immobilisation, e.g. leg in plaster? |  |  |
| Do you know that menopausal symptoms can be reduced by regular exercise and by being the correct weight for your height? |  |  |
| Do you understand that irregular vaginal bleeding on HRT should be reported to your GP? |  |  |
| Do you understand that any breast change such as a new lump should be reported to your GP? |  |  |
| Do you understand that if your coil MUST be changed every 5 years in order to protect the lining of your womb from abnormal growth? |  |  |
| Are you up-to-date with cervical screening (smear) and breast screening? |  |  |
| Do you understand that most forms of HRT do not provide contraception? |  |  |