Hormone Replacement Therapy (HRT) Checklist

Please complete and either post/hand in to the practice or email it to:

[fife.f20606lomond@nhs.scot](mailto:lan.clinicalcondorratmedicalpractice61324@lanarkshire.scot.nhs.uk)

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

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| --- |
| What is the name of your HRT? |
| 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 blood pressure: |
| Please record your weight (in kg) |
| Please record your height (in cm) |
| Do you smoke? No  Yes  If Yes, how many do you smoke a day? |
| Have your parents or siblings had heart disease or stroke under the age of 45? No  Yes |
| Have you had a deep vein thrombosis (DVT) or pulmonary embolus? No  Yes |
| Do you have any blood clotting illnesses or abnormalities? No  Yes  Do you have parents, siblings or children who have had a blood clot? No  Yes |
| 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?  No  Yes |
| Do you have diabetes? No  Yes |
| Do you have a family history of breast cancer under the age of 50? No  Yes |
| Have you had a hysterectomy? No  Yes |
| Do you know that menopausal symptoms can be reduced by regular exercise and by being the correct weight for your height? No  Yes |
| 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?  No  Yes |
| Do you understand that irregular vaginal bleeding on HRT should be reported to a healthcare professional? No  Yes |
| Are you up-to-date with your cervical screening (smear) and breast screening? No  Yes |