Hormone Replacement Therapy (HRT) Checklist

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

fife.f20606lomond@nhs.scot

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| --- | --- |
| 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 [ ]  |