**HRT Checklist – please complete and either hand in, post to the practice or email** downfieldsurgery.tayside@nhs.scot

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

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| Please record your Blood Pressure:(BP monitors are readily available to purchase or you can book an appointment with the nurse to have this done) |
| Please record your weigh (in kg): |
| Please record your height (in cm): |
| Do you smoke? Y / N If yes, how many do you smoke per day? |
| Have your parents or siblings had heart disease or stroke under the age of 45 Y / N |
| Have you had a deep vein thrombosis (DVT) or pulmonary embolus Y / N |
| Do you have any blood clotting illnesses or abnormalities? Y / NHave any family members had a blood clot? Y / N |
| Do you understand that HRT can, rarely, 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? Y / N |
| Do you understand that HRT can increase the risk of breast cancer? Y / N |
| Do you have diabetes? Y / N |
| Doo you have a family history of breast cancer in anyone under the age of 50? Y / N |
| Have you had a hysterectomy? Y / N |
| Do you know how HRT works? Y / N |
| Do you know that menopausal symptoms can be reduced by regular exercise and by being the correct weight for your height? Y / N |
| 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 prolonged period of immobilisation e.g. leg in plaster ? Y / N |
| Do you understand that irregular vaginal bleeding on HRT should be reported to a healthcare professional? Y / N  |
| Have you looked at websites which provide alternate therapies for menopausa symptoms? Y / N<https://www.menopausematters.co.uk/><https://thebms.org.uk/><https://www.menopause-exchange.co.uk/> |

**PLEASE COMPLETE THE FOLLOWING QUESTIONS ONLY IF YOU ARE ALREADY TAKING HRT**

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| Which HRT medication are you currently taking? |
| Why do you take HRT:1. Early menopause (before age of 45)
2. Menopausal symptoms
 |
| How old were you when you started taking HRT? |
| How long have you been on HRT? |
| Do you feel this current medication helps? |