

Hormone Replacement Therapy (HRT) Repeat Prescriptions

Please only fill in this questionnaire if you have been asked to by a member of the practice staff

**Please return this completed form via email to gram.skeneadministrator@nhs.scot**

1. Please confirm your full name and date of birth
2. Please indicate if you currently require a supply of HRT and which products you need:
3. Have you ever had a hysterectomy?

Yes  No

1. Do you have a Mirena Coil fitted? If yes, when does it expire (can be used for up to 5 years)?

Yes  No

1. What is your current weight (in kilograms) and height (in metres)?
2. What is your most recent blood pressure and when was this done?

If not had a BP check within 1 year please arrange an appointment to have this checked.

1. Have you been experiencing any side effects from your HRT that you would like to discuss?

Yes  No

1. Do you currently have any persistent unexplained, or increased, vaginal bleeding that has not been reviewed?

Yes  No

1. Have you ever had any blood clots (deep vein thrombosis or pulmonary embolism)?

Yes  No

1. Have you ever had breast cancer or endometrial cancer?

Yes  No

1. Are you up to date with your breast screening (mammograms)?

Yes  No

1. Have you ever had a heart attack or stroke?

Yes  No

1. Do you have a family history of any of the following?

Bloods clots in the lungs or legs

Breast or endometrial cancer

Stroke

Heart attack

1. Are you currently using contraception?

Yes  No (if you have answered no, please select one of the below options if applicable)

-  I am over 50 and my last period was more than 1 year ago

-  I am under 50 and my last period was more than 2 years ago

-  I am over 55

1. Would you like to discuss contraception options?

Yes  No

1. Do you smoke? If yes, how many cigarettes do you smoker per day on average?

Yes  Never-smoker  Ex-smoker

1. Do you wish to have a discussion with a member of the clinical team regarding changes to your current HRT?

Yes  No

If you ever experience any of the following symptoms whilst taking HRT, please consult the practice immediately:

* Painful swelling in your leg
* Chest pains, difficulty breathing or coughing up blood
* Unexplained and unexpected vaginal bleeding
* Breast lump, nipple changes or persistent breast pain
* Weakness or numbness in an arm or leg
* Sudden issues with your speech or sight