

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. When was your last period?
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?
3. Have you been experiencing any side effects from your HRT that you would like to discuss?

[ ]  Yes [ ]  No

1. Have you experienced any persistent unexplained or increased vaginal bleeding?

[ ]  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 – I am over 50 and my last period was more than 1 year ago

[ ]  No – I am under 50 and my last period was more than 2 years ago

[ ]  No – 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 discuss anything with a member of the clinical team, including changes 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