**HRT Repeat Review Form**

\*\*\*If you have not already done so, please arrange a blood pressure check at the surgery, or submit a home blood pressure reading.\*\*\*

**Name**………………………………………………………………..**DOB**……………………………………..

**Contact number**………………………………………………..

**Name** of current HRT…………………………………………………………………………………………….

**Length of time** taking HRT…………………………………………………………………………………….

**Home blood pressure** (or arrange a check at the surgery) ……………………………………

Have you had a hysterectomy (operation to remove your womb) **yes/no**

Do you have a coil that releases hormones fitted (eg mirena) **yes/no**

Are you happy with your current HRT prescription **yes/no**

What is your **height** (in cm)………………………..What is your **weight** (in kg).………………………..

Have you experienced any new bleeding or change in bleeding pattern since your last HRT review **yes/no**

Have you experienced any side effects **yes/no**

Has a close family member (parents, siblings or children) ever been diagnosed with a clot in the leg (DVT) or lung (PE), breast cancer, ovarian cancer, stroke, mini stroke or liver disease **yes/no**

Have you ever been diagnosed with a clot in the leg (DVT) or lung (PE) **yes/no**

Have you ever been diagnosed with breast cancer **yes/no**

Have you ever been diagnosed with ovarian cancer **yes/no**

Have you ever been diagnosed with a stroke or mini stroke **yes/no**

Have you ever been diagnosed with liver disease **yes/no**

Do you smoke **yes/no**

HRT is associated with an increased risk of certain conditions including clots, breast cancer and ovarian cancer. It is important you remain aware of these increased risks as well as the benefits of HRT.

More information on the risks and alternatives.

**patient.info/womens-health/menopause/hormone-replacement-therapy-hrt**

\*\*\*Please report any irregular vaginal bleeding, calf pain or swelling, sharp chest pain, shortness of breath or coughing up blood.\*\*\*Please inform a health care professional if you are having an operation scheduled or a period of immobilisation eg leg in plaster.

Please remember that HRT is not a form of contraception and you will require additional contraception unless you are:

* Aged 50 or over and have not had a period in over a year
* Aged <50 and have not had a period in 2 years
* Aged 55 or over

Do you need to discuss additional contraception **yes/no**

What pharmacy would you like your prescription sent to, or would you like to collect it from the surgery.

……………………………………………………………………………………………………………………………………………….

How easy did you find it to complete this form?

…….…………………………………………………………………………………………………………………………………………