**Hormone Replacement Therapy (HRT) Safety Checklist**

Please complete and either post/hand in to the practice or email it to: northavenuesurgery@nhs.scot

**If you are unable to complete you BP, WEIGHT or HEIGHT please contact the practice to make an appointment with our Healthcare Assistant. Please bring along your form to this appointment.**

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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 if you have a monitor:      Blood pressure monitors are readily available to purchase and provide satisfactory readings. |
| 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 stroke, 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 how HRT works? 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 Cervical screening (smear) No [ ]  Yes [ ] According to the NHS guidelines, all women **from the age of 25** should have a smear test, up until the age of 64.Breast screening (For age 50-70). GP practices only take part in the screening programme every 3 years, so you might not get your first screening invitation until you're 53. No [ ]  Yes [ ]  |
| Do you require contraception? No [ ]  Yes [ ] Do you have a Mirena coil? No [ ]  Yes [ ]  **HRT is not a contraceptive**, however a Mirena coil can be used as both contraception and endometrial protection in HRT (depending on time since insertion).  |
| After being stable on HRT for a few years we may recommend considering a reduction or trial stopping your HRT. If this is something you are thinking about or want more information, would you like an appointment to discuss this further? No [ ]  Yes [ ]  |
| Are you be happy to continue using a checklist for HRT safety check in the future? No [ ]  Yes [ ]  |
| **Please note that recent studies have shown that GLP1 weight loss injections like Wegovy and Mounjaro may have an effect on oral contraceptives and oral HRT medication.****If you are are currently being prescribed these injections by a private clinic please discuss this with them.**  |

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| *Practice use only* |
| *Checked by* | *Name* | *Date* |
| *Prescription Issued* | *3 Months* | *6 Months* | *12 Months* |
| *Follow up* | *Checklist only* | *Phone call* | *Face to face* |