

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

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

Name	
Date of Birth	
Telephone Number	

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
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?
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?
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 <b>from the age of 25</b> 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.
Do you require contraception? No Yes Do you have a Mirena coil? No Yes <b>HRT is not a contraceptive</b> , 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
<b>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.</b> <b>If you are are currently being prescribed these injections by a private clinic please discuss this with them.</b>

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