|  |
| --- |
| This form is for patients who simply require a further prescription of their HRT medication. If you have any concerns **DO NOT** use this form but book an appointment with a Nurse. Please complete the required information and we will issue a prescription to your nominated Chemist. It will take **48hrs** to generate your prescription. **There is a slightly higher risk of developing breast cancer, endometrial cancer, and ovarian cancer, having heart disease or stroke and developing a blood clot in the leg or lung in patients taking hormone replacement medication. This risk is minimal, but patients should be made aware of this.** **PLEASE FILL IN ALL FIELDS WITH AN ASRERIX (\*)** |
| **Personal Details** | **Patient to complete using blood pressure monitor at reception :** |
| Title/Full name\*:  | **Blood pressure reading\*:** | **Date of last natural period\*:**  |
| Date of Birth\*:  |
| Mobile Number(s):  | **Weight (in Kgs)\*:**  | **Height (in cm)\*:** |
| BMI  | Name of HRT medication (please specify if tablets, gel or patches)\*: |
| **MEDICAL HISTORY** |
| Please circle your answers. |
| 1. Have you had any problems or concerns with your HRT? \*

If yes please state: | Yes | No |
| 1. Have you had any undiagnosed vaginal bleeding?\*
 | Yes | No |
| 1. Do you suffer from migraines?\*
 | Yes | No |
| 1. Do you have a family or personal history of DVT or pulmonary embolism?\*
 | Yes | No |
| 1. Have you had any problems or concerns with your HRT, including side effects?\*

 If yes please state: | Yes | No |
| 1. Are you on any other hormone therapy or contraception ie: Mirena?\*
 | Yes | No |
| 1. Do you currently smoke?\*
 | Yes | No |
| **\*\*If you answer yes to any of the above questions- PLEASE BOOK AN APPOINTMENT WITH A GP\*\*** |  |  |
| **OTHER INFORMATION:**  |
| 1. Do you examine your breasts?\*
 | Yes | No |
| 1. Have you had a hysterectomy (removal of uterus)?\*
 | Yes | No |
| Signature of Patient: | Date: <Today's date> |
| ***For office use:*** Has patient had a hysterectomy (removal of uterus) and on progesterone preparation? Has not had a hysterectomy and on an ESTROGEN ONLY PREPATION? (Patient should be on a combined preparation if NOT had a hysterectomy). Is on a continuous combined regimen and date of last period is less than 12 months?Is on a cyclical regimen and late of last period is over 12 months and/or 54 years and over?BMI> 35?BP >140 systolic or >90 diastolic?**If yes to any of the above then needs to be reviewed with AA****Send appropriate information if patient has said no to questions 8?**  | ***For office use:*** Signed: …………………………Assessing TechnicianDate: ……………………… |

**ANNUAL HRT CHECK**