**Chilwell Valley and Meadows Practice**

**HRT Routine Review form for repeat prescription**

*Please note this form is not appropriate for those wishing to start a new medication or change their current HRT. If this is the case, please contact reception to arrange a routine telephone consultation with your GP.*

**NAME: DOB:**

**CONTACT TELEPHONE NUMBER:**

Name of current HRT you are requesting…………………………………………………………………………………………….

When was your last period? <1m 1-6m 6-12m >1y

When did you start your HRT? …………………………………………………………………………………..

Do you have regular vaginal bleeding with your HRT? YES/NO

Are you experiencing any unexpected vaginal bleeding? YES/NO

Have you been experiencing any side effects you wish to discuss with the GP? YES/NO

*(if yes please provide details)*………………………………………………………………………………………………………………………………………………

Blood Pressure Reading ………….../………….…

(If you do not have access to a Blood pressure machine, please contact your pharmacy/reception who can help arrange a BP reading)

Weight ……………………………. KG

Height ……………………………. CM

Current smoking status Never smoked / Ex smoker / Current smoker: ……..…./ day

Alcohol intake (units per week)……………………………………………………………………………………………………………

Level of exercise None / Light / Moderate/ Heavy

Are you up to date with your breast screening (>50y)? YES / NO

*(You can call NUH breast screening on* [*0115 993 6649*](tel:0115%20993%206649) *to arrange this if overdue)*

[How should I check my breasts? - NHS (www.nhs.uk)](https://www.nhs.uk/common-health-questions/womens-health/how-should-i-check-my-breasts/)

**Have you ever had:**

DVT/PE (blood clot in your leg or lungs) YES / NO

Heart attack or stroke YES / NO

Breast or endometrial (womb) cancer YES / NO

Liver disease YES / NO

*(HRT can sometimes increase you risk of breast cancer, endometrial cancer, DVT or PE and cardiovascular disease. These risks will have been discussed with you when you were first prescribed HRT.)*

**For further information on the risks of HRT please visit:** https://www.nhs.uk/conditions/hormone-replacement-therapy-hrt/risks/

**For further information about managing menopause symptoms**  [www.menopausedoctor.co.uk](http://www.menopausedoctor.co.uk) [www.menopausematters.co.uk](http://www.menopausematters.co.uk)

**Please select one of the following options:**

1. I understand the risks of HRT but I would like to continue my prescription due to improvement in my menopause symptoms.
2. I would like to discuss these risks with my GP before making a decision on my ongoing HRT prescription – in which case please contact reception directly to make a routine telephone consultation.