HRT Review

Patient

Name:		NHS Number:	
Address:		Date of Birth:	
Telephone:		Mobile Tel.:	

Done By

Name:		Date:	

HRT Review

HRT Review

All questions marked with a * should be answered.

1. Review

Please only complete the following questionnaire if requested by your GP practice as part of your routine HRT review.

This questionnaire is for a routine review of your HRT. If you are experiencing any of the following ring your GP immediately:
- Painful swelling of your leg.
- Weakness or numbness of an arm or leg.
- Sudden problems with your speech or sight.
- Difficulty breathing.
- Coughing up blood.
- Pains in your chest, especially if it hurts to breathe in.
- Unexpected vaginal bleeding
- Persistent irregular vaginal bleeding
- Breast lump, persistent breast pain, or nipple changes.
- Abdominal pain, discomfort or bloating
- Weight loss that is not intended

1. If you are under 50 years of age and it has been less than two years since your last period, when was your last natural period?

2. If you are over 50 years of age and it has been less than one year since your last period, when was your last natural period?

3. Have you had a hysterectomy?
   - ◯ Yes
   - ◯ No

4. Have you had a Mirena coil (intrauterine system, IUS) fitted?
   - ◯ Yes
   - ◯ No

5. If yes, what date was your Mirena coil fitted?

6. What is your current weight? (Kg)

Patient

Name: ____________________ NHS Number: ____________________

7. What is your current height? (m)

[ ]

8. What is your current heart rate / pulse rate? (bpm)

[ ]

9. If you have taken your blood pressure, what is your current systolic blood pressure? (the larger number) (mmHg)

[ ]

10. If you have taken your blood pressure, what is your current diastolic blood pressure? (the smaller number) (mmHg)

[ ]

11. Have you been experiencing side effects since you started HRT?
    - ◯ Yes
    - ◯ No
    - ◯ Unsure

12. If yes, please provide details of the side effects you have been experiencing:

[ ]

13. Have you considered reducing or stopping your HRT?
    - ◯ Yes
    - ◯ No

14. Have you experienced any persistent unexpected bleeding, or increased bleeding?
    - ◯ Yes
    - ◯ No

15. Do you regularly self-check your breasts?
    - ◯ Yes
    - ◯ No

16. If applicable, are you up to date with your mammograms?
    - ◯ Yes
    - ◯ No

17. Have you ever had any bloods clots? (e.g. Deep Vein Thrombosis or Pulmonary Embolism)
    - ◯ Yes
    - ◯ No

18. Have you ever had a heart attack or stroke?
    - ◯ Yes
    - ◯ No

19. Have you ever had breast cancer or endometrial cancer?
    - ◯ Yes
    - ◯ No

20. Have you ever had liver or gallbladder disease?
    - ◯ Yes
    - ◯ No

21. Do you have a family history of any of the following? Please select any that apply
    - ☐ Blood Clots (e.g. Deep Vein Thrombosis or Pulmonary Emoblism)
    - ☐ Breast Cancer
    - ☐ Endometrial Cancer
    - ☐ Heart Attack
    - ☐ Stroke
    - ☐ None of the above

22. Are you currently using contraception?
    - ☐ No, because I am over 50 and my last period was over 1 year ago
    - ☐ No, because I am under 50 and my last period was over 2 years ago
    - ☐ No, because I am over 55
    - ☐ No
    - ☐ Yes

23. If yes, please provide details of your current contraception:

2. Greene Scores

If your menopause is being monitored with the Greene Score, please first calculate your symptom scores by visiting: Greene Climacteric Scale Press "Calculate my score" to display all your readings in the table at the bottom of the page, then enter these numbers below:

24. What is your Greene score for Anxiety symptoms?

25. What is your Greene score for Depression symptoms?

26. What is your Greene score for Sexual symptoms?

27. What is your Greene score for Psychological symptoms?

28. What is your Greene score for Physical symptoms?

29. What is your Greene score for Vasomotor symptoms?

Patient

Name: ______________________ NHS Number: ______________________

3. Lifestyle - Alcohol

30. How often do you have a drink containing alcohol?
    - ◯ Never
    - ◯ Monthly or less
    - ◯ 2-4 times a month
    - ◯ 2-3 times a week
    - ◯ 4 times or more a week

31. How many units of alcohol do you drink on a typical day drinking? Please see: https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator
    - ◯ 1-2
    - ◯ 3-4
    - ◯ 5-6
    - ◯ 7-9
    - ◯ 10+

32. How often have you had 6 or more units on a single occasion in the last year?
    - ◯ Never
    - ◯ Less than monthly
    - ◯ Monthly
    - ◯ Weekly
    - ◯ Daily or almost daily

4. Lifestyle - Smoking

33. Do you smoke?
    - ◯ Never smoked
    - ◯ Ex-smoker
    - ◯ Trivial smoker (less than 1 cigarette per day)
    - ◯ Light smoker (1-9 cigarettes per day)
    - ◯ Moderate smoker (10-19 cigarettes per day)
    - ◯ Heavy smoker (20-39 cigarettes per day)
    - ◯ Very heavy smoker (40 or more cigarettes per day)

34. Do you use an e-cigarette?
    - ◯ No
    - ◯ Ex-User
    - ◯ Yes

35. If you smoke, would you like help to quit smoking? (For further information, please see: www.nhs.uk/smokefree)
    - ◯ Yes
    - ◯ No

Patient

Name: ______________________ NHS Number: ______________________

5. Further Questions

36. I have the following questions that I would like to raise with about HRT with my Nurse or Doctor:

.

Please see the following links for further information on the HRT that you may find useful:

Menopause Matters - https://www.menopausematters.co.uk/

NHS - https://www.nhs.uk/conditions/menopause/

Patient.info Menopause - https://patient.info/womens-health/menopause

Patient.info HRT - https://patient.info/womens-health/menopause/hormone-replacement-therapy-hrt

Patient.info Alternatives to HRT - https://patient.info/womens-health/menopause/alternatives-to-hrt

.

Please see the following links for further information about HRT & Breast Cancer that you may find useful:

MHRA HRT & Breast Cancer - https://assets.publishing.service.gov.uk/media/5d68d0e340f0b607c6dcb697/HRT-patient-sheet-3008.pdf

.

After completing all of the above questionnaire, please click submit below. Your GP practice will then inform you if your HRT repeat prescription is ready for collection or if a further assessment is required.