hedge end
medical centre

Please complete the form below and return it to the surgery. Please put the completed form in the prescription box **OUTSIDE** the building. **DO NOT ENTER THE SURGERY**. If you have any queries, please call the surgery on 01489 785 722 **BEFORE** coming down.

Hormonal Replacement Therapy Questionnaire

Full Name: ______________________________ **Date of Birth:** ______________ **Age:** ________

1. **Personal Medical History**

Has anything changed in particular, do you have, or have you ever had:

DVT (blood clot in the leg)		Breast cancer	
PE (blood clot in the lung)		Chemotherapy	

Do you currently have: (please delete as appropriate)

Periods: YES/NO

Uterus: YES/NO

Ovaries: YES/NO

2. **Family History**

Has anything changed in your family history? In particular:

Breast cancer		Heart disease	
PE(blood clot in the lung		Osteoporosis	
DVT (blood clot in the leg)			

3. **Lifestyle**

Do you smoke? YES/NO

If yes how many per day?_________What year did you start?

Do you drink alcohol? YES/NO

If yes how many units per week?__________

P.T.O

4. **Examination**

(**Note:** You will **NOT** be able to use the blood pressure machine in the waiting room. Please supply a home monitor reading or call reception to book an appointment with a nurse. This is a **compulsory** part of your review.)

Height:______________________Weight:__________________Blood pressure:_________________Pulse: __________

Do you regularly examine your breasts and/ or attend mammograms if over 50: YES/NO

5. **Symptoms**

Are you getting:

Hot flushes		Problems with sexual intercourse	
Night sweats		Recurrent UTI's	
Depression or anxiety			

Is there any other information not contained in this form you would like to tell us about:

Please Note: If you are having major surgery, especially orthopedic (e.g. joint replacement) HRT should be stopped 6 weeks before.

Office Use Only

Received on:	
Patients usual doctor:	
Appointment required?	