



## Ratby Surgery Review for Women Taking Hormone Replacement Therapy (HRT)

Name ..... Date of Birth.....

Telephone number which you are happy for us to contact you on.....

Date you need your next supply of HRT.....

You have recently requested a repeat prescription of your HRT pills. If you have no problems with your HRT regime it may not be necessary for you to see the doctor and instead you may just complete this form fully and return it to us within the next two weeks. We do need to know your **height, weight and blood pressure**. You can check these with an appointment with our health care assistant (HCA) at the surgery Monday, Wednesdays and Friday mornings.

Once we have processed the information on this form we will decide whether you can pick up a prescription for a further 12 month supply of HRT, or whether the doctor or nurse wishes to see you in which case we will issue a prescription for a further one month supply of the medication with a request to make an appointment.

### 1. General Information

Name of HRT you are on

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	Yes	No	Not applicable
Any side effects from the HRT?			
Do you get still have periods?			
Are they regular?			
If you no longer have periods - when was your last period? ..... months / years (delete as needed)			
Do you get any bleeding after intercourse?			
Are you up to date with your smears?			

**Please remember your cervical smear testing (EVERY 3 years for women aged 25-50 and EVERY 5 years for women aged 50-65)**



## Personal Medical History

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

	Yes	No		Yes	No	<u>Other: /Comments</u>
Migraines			High blood pressure			
DVT (blood clot in leg)			Epilepsy			
PE (blood clot in lungs)			Heart disease			
Breast cancer			Stroke or mini-stroke (TIA)			
Breast lumps			Liver problems			
Cancer of womb						
Hysterectomy with ovary removal			Hysterectomy with ovaries left in			

## 2. Family History

Has anything changed in your family history? In Particular:

	Yes	No		Yes	No	<u>Other / Comments:</u>
Breast cancer			Factor V Leiden			
DVT (blood clot in leg)			Heart disease			
PE (blood clot in lungs)			Stroke			
Blood clotting problems						

## 3. Lifestyle

Do you examine your breasts regularly? Yes  No   
(this should be done regularly when on HRT)

Do you smoke? Ex-smoker  Never smoked  Smoker

**Please note – we advise all smokers that they should stop smoking.** Smoking does increase the risks of circulatory problems, particularly in women on the pill. If you would like to stop smoking please speak to the reception about the services we can offer.

There are associated risks with being on HRT and there are often non-hormonal versions that can be considered. Please tick here if YOU HAVE NOT RECEIVED this information on the risks associated with HRT.

If you would like further information please discuss this with the GP



#### 4. Examination

Height ..... (cm)    Weight ..... (kg)    Blood Pressure  
.....

We usually prescribe 12 packets of HRT. If you would prefer fewer packs please state the number required here .....

Yours signature ..... Date .....

**THANK YOU. PLEASE GIVE THE COMPLETED FORM TO RECEPTION**

**If we have any problems with re-issuing your prescription we will contact you.  
If not, your prescription will be ready for you to collect within 3 working days.**

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#### To be completed by Doctor:

BMI .....

All items to be prescribed generically unless specified:

- Issue 12m prescription
- issue 1m prescription, routine review – patient notified by  
Phone / Voicemail / Text
- Urgent review – patient notified by  
Phone / Voicemail / Text

Any other comments:

Signature of Doctor.....