

## 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 NEED TO RETURN THIS COMPLETED FORM TO US AT LEAST 2 WEEKS BEFORE YOU NEED YOUR NEXT PRESCRIPTION.**

You have recently requested a repeat prescription for your HRT. We attach a prescription for one month because your annual review is now due. If you have no problems with your HRT 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 without an appointment in the Health Information room at the Wycliffe Medical Practice - the room is open between 08.30 and 18.00 Monday - Friday. It should only take you five minutes!

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, or whether the doctor wishes to see you - in which case we will contact you. It is helpful if we can have a mobile or home phone number on which you are happy for us to leave a message.

If you would rather see the doctor for your annual review, please make an appointment with the doctor of your choice, and bring the completed form to the appointment with you.

- Date HRT Commenced .....
- Name and dose of HRT you are taking .....

Since starting HRT:	YES	NO	N/A
Have you had an increase in headaches?			
Have you experienced any acne or mood changes?			
Do your breasts seem enlarged, tender or have any lumps?			
Have you experienced pain or swelling in your calves?			
Have you been more short of breath?			
If you are on <u>cyclical</u> therapy (i.e. take 2 different tablets or patches) have you experienced any vaginal bleeding other than your withdrawal bleed?			
If you are on <u>continuous</u> therapy (i.e. only take one tablet or patch) have you experienced any vaginal bleeding?			
Regarding your own health:	YES	NO	N/A
Are you immobile (i.e. in a wheelchair)?			
Have you had any recent surgery requiring general anaesthetic?			

Do you smoke? If yes, how many cigarettes do you smoke per day? .....			
Do you suffer from migraines?			
Have you ever had a hysterectomy?			
Have you ever had a blood clot in your legs or lungs? If yes, have you discussed this with a doctor before starting HRT?			
<b>Regarding your family history:</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Has a close relative ever had a blood clot in the leg or lung? If yes, how are they related to you? .....			
Has a close relative ever had breast cancer? If yes, how are they related to you? .....			
Have you received the attached information regarding the risks and benefits of HRT? (Please arrange an appointment with your doctor if you have not)			

We recommend regular breast and cervical screening: for further information regarding this please pick up a leaflet from the health information room. If you think you have a breast lump, or have a strong family history of breast cancer and have not previously discussed this, please make an appointment with your doctor. **We advise all smokers that they should stop smoking** as it increases risk of circulatory problems. If you would like help please pick up one of our 'stop smoking' packs in the Health Information Room.

Please note HRT is not contraception. Women aged under 50 need contraception for 2 years after their last period and if over 50 they require contraception for 1 year after their last period. Please speak to your doctor if you need advice.

- Your Height .....(cm)
- Your Weight .....(kg)

Please staple Blood Pressure printout here

We usually prescribe one year's supply of HRT. If you would prefer less please state the number of months' worth here .....

Where would you like to collect your prescription from?

Wycliffe Medical Practice Gilmorton Road Monday – Friday	Fortnams Pharmacy High Street Monday – Saturday	Lloyds Pharmacy Church Street Monday – Saturday	Lloyds Pharmacy Gilmorton Road Monday – Friday
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Your Signature ..... Date .....

All items to be prescribed generically unless specified

Issue 12m prescription

Issue 1m prescription, routine review – Patient notified by phone/voicemail/text/answerphone/letter\*

Urgent review - Patient notified by phone/voicemail/text/answerphone/letter\*

# Information for patients:

## **Risks and Benefits**

Please see <http://www.nhs.uk/Conditions/Hormone-replacement-therapy> for more information.

### **Risks include:**

- Clots in the legs or lungs
- Slightly increased risk of stroke and heart disease when over the age of 60
- Increased risk of Breast cancer

### **Benefits include:**

- Improving symptoms such as hot flushes, sleep, muscle aches and mood
- Improving vaginal dryness and libido
- Reducing risk of osteoporosis

## **Lifestyle changes:**

Please remember that lifestyle changes are an effective way of dealing with menopausal symptoms in addition to treatment:

### **Hot flushes and night sweats:**

- Regular exercise
- Weight loss (if applicable)
- Wearing light clothing
- Sleeping in cool rooms
- Reducing stress
- Avoiding triggers: spicy foods, caffeine, smoking, alcohol

### **Sleep disturbances:**

- Avoid exercise late in the day
- Maintain a regular bedtime

### **Mood, anxiety and cognitive symptoms:**

- Adequate sleep
- Regular physical activity
- Relaxation exercises

## **SUPPORT GROUPS**

- Menopause UK ([www.menopauseuk.org](http://www.menopauseuk.org)) – a network of groups and organisations which represent and support women affected by menopause
- Menopause Matters: ([www.menopausematters.co.uk](http://www.menopausematters.co.uk)) – provides information on the menopause, menopausal symptoms and treatment options
- The Daisy Network ([www.daisynetwork.org.uk](http://www.daisynetwork.org.uk)) – a nationwide support group for women who have suffered a premature menopause.