Hormone Replacement Therapy (HRT) Safety Checklist

Please complete and either post/hand in to the practice or email it to: 63250@lanarkshire.scot.nhs.uk

If you are unable to complete you BP, WEIGHT or HEIGHT please contact the practice to make an appointment with our Pharmacist. Please bring along your form to this appointment.

Name	
Date of Birth	
Telephone Number	
What is the name of your HRT?	
Why do you take HRT? Early menopause (before aged 45) or Menopausal symptoms	
How old were you when you started taking HRT? How long have you been on HRT?	
Please record your blood pressure if you have a monitor: Blood pressure monitors are readily available to purchase and provide satisfactory	
readings. Please record your weight (in kg)	
Please record your height (in cm)	
Do you smoke? No Yes If Yes, how many do you smoke a day?	
Have your parents or siblings had heart disease or stroke under the age of 45? No Yes	
Have you had a stroke, deep vein thrombosis (DVT) or pulmonary embolus? No Yes	
Do you have any blood clotting illnesses or abnormalities? No Yes Do you have parents, siblings or children who have had a blood clot? No Yes	
Do you understand that. Rarely, HRT can cause a blood clot and that the symptoms of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up blood?	
No Yes Do you have diabetes? No Yes	
Do you have a family history of breast cancer under the age of 50? No Yes	
Have you had a hysterectomy? No Yes	
Do you know how HRT works? No Yes	
Do you know that menopausal symptoms can be reduced by regular exercise and by being the correct weight for your height? No Yes	

Do you understand that you should tell a healthcare professional that you are on HRT if you need to have an operation or have a period of prolonged immobilisation, e.g. leg in plaster?
No Yes Do you understand that irregular vaginal bleeding on HRT should be reported to a healthcare professional? No Yes
Are you up-to-date with Cervical screening (smear) No Yes According to the NHS guidelines, all women **from the age of 25** should have a smear test, up until the age of 64. Breast screening (For age 50-70). GP practices only take part in the screening programme every 3 years, so you might not get your first screening invitation until you're 53.
No Yes Do you require contraception? No Yes Do you have a Mirena coil? No Yes **HRT is not a contraceptive**, however a Mirena coil can be used as both contraception and endometrial protection in HRT (depending on time since insertion).
After being stable on HRT for a few years we may recommend considering a reduction or trial stopping your HRT. If this is something you are thinking about or want more information, would you like an appointment to discuss this further? No Yes
Are you be happy to continue using a checklist for HRT safety check in the future? No
Yes **Please note that recent studies have shown that GLP1 weight loss injecCons like Wegovy and Mounjaro may have an effect on oral contracepCves and oral HRT medicaCon.** **If you are are currently being prescribed these injecCons by a private clinic please discuss this with them.**

Practice use only			
Checked by	*Name*		*Date*
Prescription	*3 Months*	*6 Months*	*12 Months*
Issued *Follow up*	*Checklist only*	*Phone call*	*Face to face*