DENTON MEDICAL PRACTICE

HRT check on line form

We have designed this form to make it easy for you to have an annual HRT check. The majority of our patients who use HRT are fit and healthy and the medication is safe to take. There is often little need to have a face to face appointment with the nurse. However, if you would prefer to make an appointment you have the option to do so.

This HRT Check form is only for or people on established HRT. It should *not* be used for changes in treatment or when someone is starting treatment for the first time.

If your symptoms have been well-controlled for over a year you may wish to consider stopping your treatment to see if your symptoms return. There may be an initial flare-up of symptoms off your treatment, which may settle down after a month. If not, please re-start your treatment if you prefer.

You must answer all the questions honestly and openly. All HRT treatments have some risks and potential side effects, and we want to reduce these as far as possible.

Name: Click here to enter text.

Date of Birth: Click here to enter text.

Postcode: Click here to enter text.

Mobile no.: Click here to enter text.

Nominated pharmacy: Click here to enter text.

Please tick the boxes to confirm you understand and agree with the following statements:

1. I will give all information honestly
2. I will read the prescription leaflet which comes with the HRT package
3. I understand there are risk and benefits of HRT and would like to continue
4. I understand HRT is not a contraceptive and it is still possible to

get pregnant up to 2 years after my last period.

For more information about HRT including risks, benefits, side effects and alternatives:

[CLICK](http://www.nhs.uk/conditions/hormone-replacement-therapy-hrt/) HERE

For more information about contraception around the time of menopause:

[CLICK](http://www.nhs.uk/conditions/contraception/?tabname=getting-started#deciding-which-method-suits-you) HERE

For more information about breast health and screening for cancer:

[CLICK HERE](https://www.nhs.uk/live-well/healthy-body/breast-changes-in-older-women/)

**HRT type**

What is the name of your HRT? Click here to enter text.

Are you currently using this treatment? Y N

Do you feel this brand of HRT is suiting you well? Y N

How many months Rx would you like? 3m 6m 12m

Please select 12 months unless you feel you may wish to stop your HRT sooner.

**Medical safety Questions**

My Blood pressure is (you can use our waiting room BP machine or one in any local chemist)

Click here to enter text.

My weight is Click here to enter text.

My height is Click here to enter text.

Use this link to work out your BMI: [BMI calculator.](http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx)

My BMI is Click here to enter text.

Do you smoke? Y N

Smoking increases the risks of taking HRT. Would you like the practice to contact you about services to help you to stop smoking? Y N

Is your vaginal bleeding pattern acceptable? Y N

Have you ever experienced?

A deep vein thrombosis or a pulmonary embolus? Y N

Breast or womb cancer? Y N

A heart attack or angina? Y N

Undiagnosed abnormal vaginal bleeding? Y N

Once you have completed this on line form, email it to [suggestions.dentonmedical@nhs.net](mailto:suggestions.dentonmedical@nhs.net?subject=HRT%20check%20on%20line%20form)

It will be passed to our practice pharmacist who will review your answers and contact you if there is a concern. Otherwise, your HRT will be ready to collect in 3 days, from your nominated pharmacy.