HRT ANNUAL REVIEW FORM **Templepatrick Surgery**

PLEASE COMPLETE AND RETURN THIS FORM TO RECEPTION DESK ASAP TO ALLOW SAFE ONGOING PRESCRIPTION OF YOUR HRT

PLEASE ARRANGE A TELEPHONE REVIEW WITH A GP IF ANY CONCERNS OR QUERIES

- **Name:**
- **DOB:**
- **Name of current HRT:**
- **Weight (kg):**
- **Height (cm):**
- **Blood pressure** (*record at surgery if needed*):
- **Do you have a mirena coil? -** If so when is it due to be changed?

- **Have you had a hysterectomy?**
- **Do you still get regular periods?**

- **Are you having any unusual or concerning bleeding?**

- **Has anything changed recently in your medical history** eg blood clot /cancer?

- **Do you suffer from liver or thyroid issues/migraine or diabetes**?

- **Smoking** per day:
- **Alcohol** units /week:
- **Are you using contraception**?

Please ensure you have regular smears and mammograms when called for these

**Please refer to 'balance-menopause.com' and 'rockmymenopause' websites for further information if needed.*

Dr K Alexander July 2023