Thank you for completing this form. This form is to inform you of the risk of HRT use long term and to ensure that you have had the necessary medical parameters checked every one year prior to receiving a repeat prescription of HRT. Once the form is completed please hand it to reception and your next prescription for HRT will be generated (allow 72 hrs). As mentioned above please complete a blood pressure reading, weight and height (cm) on the machine located in reception.

**PERSONAL DETAILS**

Full Name Telephone Number

Mr/Mrs/Miss/Ms/Other Work Number

Address and Postcode Mobile number

Date of birth

Height cm Weight kg BMI

Blood Pressure 1) Blood Pressure 2)

**MEDICAL HISTORY**

Date of menopause/Oophorectomy (removal of ovaries)

Have you been taking HRT for over 5 years Yes/No

Have you had any PV(vaginal) bleeding after six weeks of starting HRT Yes/No

Are you over 60 years old Yes/No

Do you have a family history/personal Hx of Breast/Ovarian cancer Yes/No

Have you had any side effects of HRT that worry you Yes/No

Do you have a family/personal history of DVT/pulmonary embolism Yes/No

Do you suffer from any heart related conditions Yes/No

Have you had a hysterectomy Yes/No

Do you smoke - current smoker Ex smoker Never smoked

How many do you smoke and how many years have you smoked for

Do you drink alcohol Yes/no How many units per week

**Risk of HRT**

There is an increased risk of developing Breast/Ovarian/Endometrial Cancer when taking HRT. The risk of breast cancer occurs after 1 year of therapy and the risk remains for more than 10 years after stopping. The exact risk will vary depending on the type of HRT being used and the duration of treatment (so please read the PIL inside the box). Overall the incidence of breast cancer is currently 63 cases per 1000 women. With HRT use this equates to an extra 5-20 cases for 5 years of therapy depending on the type used.

The Risk outweighs the benefits of taking HRT when over the age of 70.

I have read and understood the above risk Yes/No

Name of HRT requested

Date requested