

## Barlow House Surgery HRT Questionnaire

Return the filled-out questionnaire to the surgery prior to your consultation. Please return to reception or email this form with the subject 'Menopause Form' [enquiries.w92008@wales.nhs.uk](mailto:enquiries.w92008@wales.nhs.uk)

Name:

DOB:

Date:

- 1) **Blood pressure** – if possible
- 2) **Weight:**
- 3) **Height:**
- 4) **Do you smoke?** YES/NO. If so, for how long and how many a day?
- 5) How much **alcohol** do you typically drink in a week?
- 6) Are you using **contraception**? If yes, what are you using?
- 7) Are you prescribed any weight loss medications privately/ NHS? YES/NO
- 8) If you on **HRT**, **how long** have you been taking it?
- 9) Do you experience any **side effects from HRT**?
- 10) Do you want to continue HRT? YES/NO
- 11) Have you got a **Mirena coil** in place and if so, when and where was this fitted?
- 12) Have you had a **hysterectomy**? If so, was this a **full or partial hysterectomy** and do you still have **smear tests**?
- 13) Do you have a **history of endometriosis**? YES/NO
- 14) When was your **last period** and **what have your periods been like over the past year**?
- 15) **Do you have any unexpected spotting or bleeding?** YES/NO
- 16) Have you recently gained any new medical problems?
- 17) Are you up to date with your **breast and cervical screening**? YES/NO

18) **Have you ever had any of these conditions?**

<b>Diagnosis</b>	<b>Yes / No</b>	<b>Date of Diagnosis/Instance(s)</b>
Breast cancer		
Other cancer		
Clots in the legs or lungs		
Cardiac Disease/ Heart Attack/ Angina		
Stroke		
High Blood Pressure		
High Cholesterol		
Diabetes		
Active Liver Disease		
Migraine		
Osteoporosis/ weak bones/broken bones and at what age		

19) **Is there any family history of the following?**

<b>Family History :Diagnosis</b>	<b>Yes / No</b>	<b>Date of Diagnosis/Instance(s)</b>
Breast cancer		
Other cancer		
Clots in the legs or lungs		
Cardiac Disease/ Heart Attack/ Angina		
Stroke		
High Blood Pressure		
High Cholesterol		
Diabetes		
Osteoporosis/ weak bones		

Please note that this will not be read by a healthcare professional until your consultation, so please do not write anything on this form that requires an urgent response. If you have something you must discuss with your GP urgently, please book a separate appointment.