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Edenkiln Surgery
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Strathblane
G63 9EG

HRT REVIEW

Name

First

Last

Date of birth

Preferred contact telephone number

Email

Height and Weight

Height (ft. in)

Weight (st. lbs)

HRT Review

Are you happy with your current HRT?

Yes No

Would you like a GP appointment to discuss further?

Yes No

Your blood pressure reading (e.g. 120/70)

Do you smoke?

Yes No

Have you ever had a blood clot, heart disease, stroke, cancer, migraine or major illness?

Yes No

If yes, please give details

Do you still need contraception?

Yes No

Are you suffering any menopausal symptoms?

Yes No

Have you had a hysterectomy?

Yes No

Do you have a coil in?

Yes No

Do you understand and have you read about all the risks and benefits of taking HRT?

Yes No



Scan QR code above to read about risks and benefits of taking HRT.

Regarding your own health has there been any changes in the last 12 months?

Yes No

If yes, please provide details

Any comments you would like to add?

Are you taking any medication not prescribed by your GP (this includes weight loss medication)?

Yes No

If yes, please provide details:

Privacy Notice

I consent to the practice collecting and storing my data on this form

Signature

Date

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