**Menopause/HRT appointment Questionnaire**

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| --- | --- |
| Name: | DOB: |
| Adress | Phone number: |
| Weight | Height |
| Blood pressure: |  |
| Last menstrual period: | |
| What are the menopausal symptoms that you have? | |
| Do you know your menopause symptoms score? | |
| Are you using any contraceptive? Yes / No | Which type: |
| Do you have a Mirena coil? Yes / No | When was it inserted? |
| Have you had a hysterectomy? No / Yes | |
| Do you have irregular vaginal bleeding? | |
| Do you have history of blood clots? | |
| Do you have history of breast, ovarian or womb cancer? | |
| Do you have hypertension or heart disease? | |
| Do you have endometriosis? | |
| Do you have diabetes? |  |
| Do you have migraine? |  |
| Are you up to date with your cervical screening and breast screening? Yes / No | |
| Do you smoke? Yes / No | How many per day? |
| Do you have family history of breast cancer, heart disease, blood clots or stoke? | |
| Have you tried regular exercise and weight reduction to control your symptoms? | |
| Do you know how HRT works? No / Yes | |
| Are you aware about the risks associated with HRT? | |
| Do you know when to seek help from your GP when you are on HRT? | |

***Please complete the questionnaire and hand at reception***

**Trusted online resources covering menopause and HRT:**

* **Menopause symptoms score (The Greene Climacteric Scale):** https://www.menopausematters.co.uk/greenescore.php
* **Menopause Matters:** Website with information covering all aspects of menopause and perimenopause. www.menopausematters.co.uk
* **NHS Inform Menopause:** [www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/the-menopause](http://www.nhsinform.scot/illnesses-and-conditions/sexual-and-reproductive/the-menopause)
* **Women Health Concern:** detailed factsheets providing information and advice on sexual and women health issues. Including menopause and HRT: <https://www.womens-health-concern.org/help-and-advice/factsheets/>