

**GP Appointment Menopause/HRT questionnaire**

Please complete, print and take your appointment, or hand into reception so it can be uploaded prior to your consultation.

**Name:**

**DOB:**

**Date:**

1. **Blood pressure (if known)**
2. **Weight**
3. **Height**
4. **Do you smoke and if so, for how long and how many** **a day?**
5. **Have you ever smoked?**
6. **How much alcohol do you typically drink a week?**
7. **Score these symptoms out of 10 (Zero = no symptoms, 10= severe Symptoms)**
* Daytime sweats or flushes
* Night sweats or flushes
* Unable to sleep
* Anxiety/panic attacks
* Irritability/anger
* Mood changes
* Irritability
* Tearfulness /depression
* Forgetfulness
* Brain Fog/ loss of concentration/loss of memory
* Skin Dryness
* Formication (sensation of something crawling all over you)
* General aches and pains
* Poor or no libido
* Vaginal dryness/ soreness/pain with intercourse
* Urine infections/urgency/incontinence
* Hair loss
* Migraines
* Headaches
1. **What hormonal treatment or contraception are you on? Roughly how long have you been on this?**
2. **What have you already tried to help your menopausal symptoms?**
3. **Do you want to start HRT if you are not already on it?**
4. **Have you got a Mirena coil in place and if so when/where was this fitted?**
5. **Have you had a hysterectomy? Was this a full hysterectomy or partial (ie did they leave your cervix?)**
6. **Do you have a history of endometriosis?**
7. **When was your last period and what have your periods been like over the last year?**
8. **Do you have any unexpected spotting or bleeding?**
9. **Have you or a close family relative (ie parent or sibling)** **ever had breast cancer? If so, what age were you/they when it was first diagnosed?**
10. **Have you ever had and if so, when?**
* **Clots in the legs or lungs**
* **Cardiac disease or stroke**
* **Heart attack or Angina**
* **Active liver disease**
* **Migraine**
1. **Do you have a personal history or family history of weak bones or Osteoporosis?**
2. **Any new medical problems?**

Please return forms to practice inbox marked “For information only, to be scanned to notes to inform doctor during consultation”.

**PLEASE NOTE THIS WILL NOT BE READ BY A HEALTHCARE PROFESSIONAL UNTIL YOUR CONSUTLATION SO DO NOT WRITE ANYTHING ON THIS FORM THAT NEEDS AN URGENT ANSWER.**