NVP Menopause/HRT questionnaire

In order to get the most from your menopause consultation please can you return the filled-out questionnaire to the surgery prior to your consultation.

Please return forms to <u>reception.nightingale@nhs.net</u> (either scan and email or bring into the surgery for reception to scan onto your notes). We will then book a consultation with an appropriate clinician.

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.

Name:

| DOB: | | |
|-------|---|--|
| Date: | | |
| 1. | Blood pressure – * Important to do prior consultation* (from home machine reading surgery waiting room). | |
| 2. | Weight Height | |
| 3. | Do you smoke and if so, for how long and how many a day? | |
| 4. | How much alcohol do you typically drink a week? | |
| 5. | Please describe your main symptoms e.g. mood changes, hot flushes/night sweats, forgetfulness, musculoskeletal issues | |
| 6. | What hormonal treatment or contraception are you on? Do you plan to continue this? | |
| 7. | What have you already tried to help your menopausal symptoms? | |
| 8. | Do you want to start HRT? | |
| 9. | Have you got a Mirena coil in place and if so when/where was this fitted? Mirena coils need changing every 5 years if used as part of HRT. | |
| 10. | Have you had a hysterectomy (womb surgery)? Was this a full hysterectomy or partial (i.e. did they leave your cervix/entrance to the womb?) | |
| | | |

- 11. Do you have a history of endometriosis?
- 12. When was your last period and what have your periods been like over the last year?
- 13. Do you have any unexpected spotting or bleeding?
- **14.** 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?
- 15. Have you ever had and if so, when?

| CONDITION | PLEASE DOCUMENT IF YES |
|----------------------------|------------------------|
| Clots in the legs or lungs | |
| Heart disease or stroke | |
| Heart attack or Angina | |
| Active liver disease | |
| Migraine | |

- 16. Do you have a personal history of weak bones or Osteoporosis?
- 17. Are you up to date with breast and cervical screening?

Please note GPs are not currently able to initiate testosterone prescriptions in our CCG.

Useful websites prior to your consultation:

Symptom checker - https://www.menopausematters.co.uk/greenescore.php
Menopause | Symptoms and Treatment | Patient

Menopause: A healthy lifestyle guide | CUH

https://www.womens-health-concern.org/wp-content/uploads/2019/10/WHC-UnderstandingRisksofBreastCancer-MARCH2017.pdf

https://pcwhf.co.uk/wp-content/uploads/2018/11/HRT-Myths-Uncovered.pdf

https://www.menopausematters.co.uk/

https://podcasts.apple.com/gb/podcast/the-dr-louise-newson-podcast/id1459614845