

## HRT Check (only use this if you are already established on a prescription)

Name	Click or tap here to enter text.	
Date of birth	Click or tap here to enter text.	
Telephone number	Click or tap here to enter text.	

Either	I am having problems and need a practice nurse appointment (A prescription will not be issued)	<input type="checkbox"/>
Or	I am happy with my current HRT. I have no significant side effects and have NOT developed any NEW medical conditions since my last prescription. I wish to continue the same prescription for another year THE PRESCRIPTION WILL LAST A YEAR: DISCUSS THIS WITH YOUR PHARMACY	<input type="checkbox"/>

### Safety

Blood Pressure (Home machine, at pharmacy, in our waiting room pod etc)	Click or tap here to enter text.	mmHg
Smoking	Never smoker	<input type="checkbox"/>
	Current smoker or current vaper	<input type="checkbox"/>
	Ex smoker	<input type="checkbox"/>

Now return this document to Quarryfoot to [clinical.S77074@nhs.scot](mailto:clinical.S77074@nhs.scot) or by post or by hand.

A clinician will review the information and issue a script within 48h of receipt.

We will send it to your nominated pharmacy (if you have already made an arrangement with us.)  
Otherwise it will be left at reception for you to collect in person.

Please note. Whilst your prescription will be for a year's supply you may be asked to return to the pharmacy to collect supplies at intervals during the year.

If there is a problem then we will contact you on the number you have written above.