

Prostap Clinic Pro-forma

CAV UHB - Gynaecology
LEAD Consultant:
Date:

Patient Identification Label

Prostap PIL Provided:
YES / NO

Is it Contraindicated? Breastfeeding, Undiagnosed vaginal bleeding **NO**
(please circle)

<u>Intended Duration (tick)</u>	<u>Indication (tick)</u>
6/12	Endometriosis
Until Surgery	Fibroids
Booking Date:.....	Adenomyosis
Category: 1. 2. 3. 4.	Menorrhagia
Other:	Pre Menstrual Dysphoria Disorder

ENDOMETRIOSIS
Have you considered
recruitment to the
REGAL Trial ?



Please Contact
Catherine Smith - Research Nurse
Ext41615

Contraceptive advice given? Prostap Not licensed as contraception POP/IUS/ Barrier Methods recommended **YES**
(please circle)

DATE:	1st Prostap.	
Dose Prescribed	3.75mg	11.25mg
HRT	Accepted. / Declined / Not offered / Contraindicated	
What HRT?	Tibolone / Evorel Conti. /. Other	
Next dose due	1 month	3 months



Ensure Doctor Clinic F/U at 6 Months Booked



PLEASE prescribe PROSTAP & HRT for intended duration

I have completed this pro-forma and drug chart in full.

Name:

Signature:

DATE:		Prostap F/U	
Total Months of tx:			
If > 22 months, DEXA requested?	N/A.	Booked	Already Completed and Results actioned
Adverse Effects?	Signs of liver disease / New Depression / Uncontrolled Blood sugars		 
Is treatment still indicated	Yes	No.	
Dose Given	3.75mg	11.25mg	
HRT	Taking / Declined / Not offered / Contraindicated		
Contraception advice given?	Yes	No	
Next dose due	1 month	3 months	
Ensure Doctor Clinic F/U is scheduled following every 6 months treatment (initiating clinician)			
Name/Designation			
Signature			

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