

## Contraceptive pill review

All patients prescribed the contraceptive pill need to have a review prior to starting and every year thereafter

Please complete this form and leave into reception at least 2 weeks before your next pill script is due.

**Patient Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Today's date:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**What is the name of your Pill?** \_\_\_\_\_

**Preferred pharmacy:** \_\_\_\_\_

1. Please record an updated blood pressure \_\_\_\_\_/\_\_\_\_\_  
(this can be checked at the chemist, at the treatment room or by using an at home monitor)

2. Are you a smoker? ☐Yes ☐No  
a) If yes, how many cigarettes do you smoke per day? \_\_\_\_\_

3. If you are an ex-smoker, do you vape? ☐Yes ☐No ☐N/A

4. What is your weight? (kg or st) \_\_\_\_\_kg  
\_\_\_\_\_st \_\_\_\_\_lb

5. What is your height? (cm or ft) \_\_\_\_\_cm  
\_\_\_\_\_ft \_\_\_\_\_

CHECKLIST (PLEASE TICK)	YES	NO	N/A
Have you ever had blood clots (e.g deep vein thrombosis in leg or pulmonary embolus in lungs)			
Do you suffer from migraines?			
If yes, Do you experience visual symptoms or changes in sensation/muscle power on one side of your body?			
Do you have diabetes?			
Have you ever had breast cancer?			

<b>CHECKLIST</b> (PLEASE TICK)	<b>YES</b>	<b>NO</b>	<b>N/A</b>
Has anyone in your family ever had breast cancer under the age of 50?			
Do you know how to take your pill?			
Do you know what to do if you miss a pill?			
Do you know that the pill may not work if you have vomiting or diarrhoea?			
Do you know that the pill does not protect you against sexually transmitted infections?			
Do you understand that symptoms of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath or coughing up blood?			
Do you understand that you should tell a healthcare professional that you are on the pill if you need to have an operation or have a period of prolonged immobilisation eg leg in a plaster?			
Do you know that the risk of a blood clot when taking the combined contraceptive pill increases if you travel for extended periods eg long-haul flight?			
Are you aware of alternative long acting methods of contraception are available inc implants and intra-uterine devices (coils)?			

**Thank you for completing this questionnaire**

**Please return it to reception. A clinician will review and issue your medication within 2 weeks. If there are any concerns, you will be contacted.**