Please complete this form two weeks before you are due for your contraceptive pill review. If you have no problems with your contraceptive pill it may not be necessary for you to see the doctor and instead you may just complete this form fully and return it to us. We do need to know your height, weight and blood pressure. You can check these using home devices or use our health pod behind reception at Rosebery Medical Centre. It will only take five minutes.

Once we have processed the information on this form we will decide whether you can pick up a prescription for a further 12 month supply of pills, or whether the doctor wishes to see you – in which case we will contact you. It is helpful to have a mobile or home phone number on which you are happy for us to leave a message.

If you would rather see the doctor for your annual review, please make an appointment and bring the completed form to the appointment with you.

1. Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Telephone Number you are happy to be contacted on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Can we leave a message on this number? No [ ]  Yes [ ]
5. Mobile phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Can we send a text message about your prescription to this number? No [ ]  Yes [ ]
7. Date you need your next supply of contraceptives: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
8. Name of the contraceptive you are taking: ­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
9. Do you think you are getting any side effects from the pill? No [ ]  Yes [ ]

If yes what side effects are you getting? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. If you are taking the combined (21 day) pill, is your bleeding regular? No [ ]  Yes [ ]
2. If you are taking the progesterone only (mini-pill), are you having any No [ ]  Yes [ ]

problems with your bleeding?

1. Are you breastfeeding? No [ ]  Yes [ ]
2. Are you immobile (i.e. in a wheelchair)? No [ ]  Yes [ ]
3. Do you suffer from migraines? No [ ]  Yes [ ]
4. If yes, do your migraines provoke loss of vision, seeing blurred vision No [ ]  Yes [ ]
or flashing lights, numbness, weakness or speech problems?
5. Do you have breast lumps? No [ ]  Yes [ ]
6. Have you ever had breast cancer? No [ ]  Yes [ ]
7. Are you diabetic? No [ ]  Yes [ ]
8. Do you have gallstones? No [ ]  Yes [ ]
9. Do you take drugs for epilepsy or tuberculosis (TB)? No [ ]  Yes [ ]
10. Do you take St John’s Wort? No [ ]  Yes [ ]
11. Have you ever had a blood clot in your leg or lung? No [ ]  Yes [ ]
12. Has a relative ever had a blood clot in the leg or lung? No [ ]  Yes [ ]
13. If yes, have you discussed this with your doctor? No [ ]  Yes [ ]
14. Do you suffer from any form of heart disease? No [ ]  Yes [ ]
15. Have you ever had a stroke or mini stroke (TIA)? No [ ]  Yes [ ]
16. Have you has hepatitis A,B or C since your last review? No [ ]  Yes [ ]
17. Do you smoke? Ex-smoker [ ]  Never smoked [ ]  Smoker [ ]  \_\_\_\_ per day

Please note – we advise all smokers that they should stop smoking. Smoking does increase the risk of circulatory problems, particularly in women on the pill. If you would like help to stop smoking please visit <http://www.quitready.co.uk/>

1. What is your height? \_\_\_\_\_\_\_\_\_\_\_\_\_ (cm)
2. What is your weight? \_\_\_\_\_\_\_\_\_\_\_\_\_ (kg)
3. What is your blood pressure? \_\_\_\_\_\_ /\_\_\_\_\_\_
4. We usually prescribe 12 months (12 strips) of the pill. If you would prefer fewer strips please state the number you require: \_\_\_\_\_\_\_\_
5. Please tell us which pharmacy you would like us to send your prescription to: ­­­
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. Please confirm you have read the information on breast awareness No [ ]  Yes [ ]  and long acting reversible contraceptives below.

Your signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Breast Awareness**
We do recommend that all women should be ‘breast aware’ – if you would like information about checking your breasts please visit <https://www.nhs.uk/common-health-questions/womens-health/how-should-i-check-my-breasts/>. If you think you have a breast lump, or you have a strong family history of breast cancer and have not previously discussed this, please make an appointment with your doctor.

**Long Acting Reversible Contraceptives**
Many women struggle to remember to take a contraceptive pill reliably and this puts them at risk of unwanted pregnancy. Please visit <https://www.charnwoodcommunitymedicalgroup.co.uk/n2-long-acting-reversible-contra> for information on long-acting reversible contraceptives (contraception you don’t need to remember) if you think this applies to you. Please book an appointment with a GP if you would like to consider changing your contraception.

**Guidance on Taking your Pill**
We would advise reading the relevant links below to remind yourself how to use your pill correctly.

Combined Contraceptive Pill: <https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/>

Progestogen Only Pill (mini-pill): <https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/>

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**Office Use Only:** BMI \_\_\_\_\_\_\_\_\_\_\_ GP Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Issue 12 month prescription [ ]
Issue 1 month prescription [ ]
Urgent Review [ ]