

Contraceptive Pill Review

In order to provide the contraceptive pill safely, we need to ask you a number of questions. We would be grateful if you could complete this form when you submit your next repeat prescription request. Failure to complete this review and provide an up to date BP reading on an annual basis could significantly delay your prescription.

If you are having any problems with your medication or would like to consider alternative contraception options, please speak to one of our Practise nurses, who will be able to advise you, or refer you to a GP as appropriate.

You have been asked to complete this form because we do not have a recent Blood Pressure reading for you (last 12 months). Please call the surgery on 01435 873000 to book a BP appointment with one of our nursing team.

Patients Name:

Date of Birth:

Contact Number:

Today's Date:

(That you are happy for us to contact you on)

1. Are you a smoker? Yes No
2. If **YES** how many do you smoke per day? -----Per day
3. Would you like help giving up? Yes No
4. What is your weight approximately? -----KG
5. **Are you aware:**
 - a) How the pill works? Yes No
 - b) What to do if you miss a pill? Yes No
 - c) That the contraceptive pill may not work if you have diarrhoea, have been vomiting or are on antibiotics. Yes No
 - d) That the contraceptive pill does NOT protect you from sexually transmitted infections, so you will need to use a condom as well to protect yourself. Yes No
6. **Do you:**
 - e) Suffer from migraines? Yes No
If so, do you experience visual symptoms or changes in sensation or muscle power on one side of your body? Yes No
 - f) Have parents or siblings who have had heart disease or strokes under the age of 45? Yes No
 - g) Have diabetes? Yes No
 - h) Have you had a deep vein thrombosis or pulmonary embolus? Yes No
 - i) Have parents or siblings that have had a deep vein thrombosis or pulmonary embolus under the age of 45? Yes No
 - j) Have any blood clotting illnesses/abnormalities? Yes No
 - k) Have any family history of breast cancer under the age of 50? Yes No

Thank you for completing this form, please return by email to hwccg.woodhill@nhs.net or hand into reception, please remember we require a blood pressure reading every 12 months.

If there are any problems with re-issuing your prescription we will contact you.