Contraceptive Pill Review

Everything in this form needs to be completed before you prescription will be issued, and you may still require a face to face/telephone appointment if it is felt necessary. Please complete this form at least 2 weeks before your prescription is due, it will be passed to the clinical pharmacist to review.

**All sections must be completed as a minimum standard. A blood pressure reading must be provided.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full Name: |  | Date of birth: |  | |
| Phone Number: |  | Email address: |  | |
| Address: |  | | | |
|  |  | | | |
|  |  | | | |
| Current Pill name: |  | Recent weight (within 28 days): | | kg |
|  |  | Blood Pressure reading from within the last 12 months: | | / |

Please circle.

|  |  |  |  |
| --- | --- | --- | --- |
| Have you had any problems with your pill? | Yes | No |  |
| If you are taking a Combined Oral Contraception, do you take continually? | Yes | No |  |
| Have you had any bleeding pattern changes or bleeding after intercourse? | Yes | No |  |
| Have you missed any pill | Yes | No |  |
| Do you suffer from migraine? | Yes | No |  |
| If yes, are they new since starting pill? | Yes | No |  |
| Do you have any personal or family history of blood clots? | Yes | No |  |
| Are you a smoker?  If yes, how may per day? | Yes | No | Ex-Smoker |
| Have you had any medical problems since your last prescription? | Yes | No |  |
| Are you experiencing any breast tenderness, lumps, or discharge?  ***If yes, please book appointment with GP as soon as possible.*** <https://coppafeel.org/> | Yes | No |  |
| Are you happy for communications regarding your prescription to be sent by text from the surgery? | Yes | No |  |

If the answer to any of these questions is yes, the clinical pharmacist may book you in with a nurse, depending on the type of pill you are on.

The contraceptive implant, coil or contraceptive injections are the most reliable form of contraception. If you would like to know more, please read the attached information, and book an appointment with Anna or Lucy.

[Long-acting contraception guide](https://www.fpa.org.uk/download/your-guide-to-larc/)

Please remember to attend your smear when it is due, or as soon as possible if it is overdue. If you are unsure when it is due, ask reception to check. <https://www.nhs.uk/conditions/cervical-screening/>

If you have diarrhoea or vomiting, you may not absorb your pill. In this case treat it as a missed/late pill and take as soon as possible. Check the advice in the links below or speak to your community pharmacist for advice, as guidance will vary depending on your type of pill.

<https://www.nhs.uk/conditions/contraception/pill-sick-vomit-diarrhoea/>

<https://www.nhs.uk/conditions/contraception/miss-combined-pill/>

<https://www.nhs.uk/conditions/contraception/miss-progestogen-only-pill/>

Please add any further information below that could help the pharmacist to decide.

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |