

## Oral Contraception Review

1. Have you had any changes to your health recently that your doctor is not aware of?

Yes

No

2. Have you or any of your family members been diagnosed with a clot in the leg or the lung?

Yes

No

3. Have you developed a new breast lump?

Yes

No

4. Are you currently breastfeeding?

Yes

No

5. Do you suffer from migraines?

Yes - doctor aware

Yes – doctor not aware

No

6. Are you experiencing any irregular vaginal bleeding?

Yes

No

7. Do you smoke?

Yes

No

8. Is there anything about your contraception that you wish to discuss with a healthcare professional?

Yes

No

Height \_\_\_\_\_

Weight \_\_\_\_\_

Blood Pressure \_\_\_\_\_