

Contraceptive Pill Review Questionnaire

Please complete this questionnaire and email return to gram.ellonclinical2@nhs.scot

Full Name	
Date of birth	
Email address	
Mobile Number	

Name of current contraceptive pill that you are taking?

Are you having any problems with your contraception that you would like to discuss? YES NO *(please do not continue completing this form if you have selected 'YES' as you will require to speak to a clinician).*

Has your bleeding pattern changed since your last review or do you have any unusual bleeding? YES NO

Have you missed pills on more than one occasion per month? YES NO

Have you had a baby in the last 6 weeks? YES NO

Is your smear up to date? YES NO

What is your weight (kg)?	
What is your height (cm)?	
What is your Blood pressure reading? (from a home monitor or via local pharmacy)	
Smoking status	Never smoked <input type="checkbox"/> Ex smoker <input type="checkbox"/> Current smoker <input type="checkbox"/>

Do you have, or ever been diagnosed, with any of the following?	DVT or Pulmonary embolism	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Diabetes	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Breast cancer	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Epilepsy	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Gallbladder or liver disease	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Migraines	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Stroke/TIA/heart attack	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Atrial Fibrillation	YES <input type="checkbox"/> NO <input type="checkbox"/>
	Gynaecological cancers	YES <input type="checkbox"/> NO <input type="checkbox"/>
High blood pressure	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have any of your immediate family (parents, siblings) been diagnosed with blood clots, heart disease, stroke or breast cancer? If yes please give details		

Please be aware that a clinician will review this form and if there are any queries, they will need to speak to you before your prescription is issued.

Thank you for completing this form- please email to: gram.ellonclinical2@nhs.scot marked FAO Contraceptive Pill review

Useful links

[The different types of contraception | NHS inform](#)

[Contraception \(grampiansexualhealthservices.com\)](http://grampiansexualhealthservices.com)