



PILL CHECK

Please answer ALL questions to enable us to carry out your pill check

In order for us to complete your medication review to continue with the Contraceptive Pill, please fill out the following details.

Name: _____ Date of Birth: _____ Address: _____

If you have used the practice BP monitor we would be very grateful if you would clean it before & after use.

To use BP Monitor:

1. Sit for 10 mins
2. Apply cuff with tube placed on inside of elbow & press START button
3. Record the numbers from the monitor (e.g. 145/72)

Please answer the following questions:

How much exercise do you do in a week? _____

Do you smoke? If yes, how much? _____

How much alcohol do you drink per week? _____

Do you have a healthy diet? _____

Blood pressure reading: _____/_____

Weight: _____

Height: _____

Please tell us if you have experienced any problems with your pill, e.g. headaches?

Do you need to order your pill? Y / N

(Please allow 2-3 working days for your prescription to be processed)

Thank you