Lodge Health Contraceptive Pill Check Form

This is for women aged 18 years or older. Please complete and hand this form into the practice.

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| --- | --- |
| Name |  |
| Date of Birth |  |
| Telephone Number |  |

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| --- | --- | --- | --- |
| What is the name of your contraceptive pill? | | | |
| Do you smoke or vape? Yes  No  If **you smoke**, how many cigarettes do you smoke a day?  Would you like help giving up smoking? Yes  No  If **No**, are you an ex-smoker? Yes  No  If you are an ex smoker when did you stop? | | | |
| The following questions about your health help ensure your contraception is still suitable.  Since your last pill check have you been diagnosed with any of the following: | | | |
| High Blood pressure | Yes  No | Breast problems | Yes  No |
| Diabetes | Yes  No | Liver disease, jaundice or gallstones | Yes  No |
| Heart disease | Yes  No | Pregnancy | Yes  No |
| Cancer | Yes  No | Major Surgery | Yes  No |
| Breast problems | Yes  No | Any other serious illness | Yes  No |
| High cholesterol | Yes  No | Migraines  If Yes:  In the 30-60 minutes before your migraine starts do you get any symptoms to warn you that a migraine is coming?  Do you experience visual symptoms or changes in sensation or muscle power on one side of your body? | Yes  No  Yes  No  Yes  No |
| Blood clotting illness and abnormality | Yes  No |
| Blood clots in legs or lungs | Yes  No |
| Have your parents or siblings had heart disease or stroke under the age of 45? Yes  No  Do you have a family history of breast cancer under the age of 50? Yes  No | | | |
| Do you take any over the counter medications or herbal remedies that would not be listed on our records? Yes  No  If Yes, please write them here: | | | |
| Do you have any known allergic reactions to medications? Yes  No  *Continued overleaf* | | | |
| Are you aware of the alternative such as **long-acting reversible contraception implants**, **injections and intra-uterine devices (the coil)?** Yes  No  **If No**, please find excellent information on options available that you do not have to remember to take each day here <http://www.healthinote.com/LARC>. Alternatively you can download ‘Healthinote’ as an app and enter code 933 for a short video that will ensure you know the choices available to you.  Are you aware that the pill will not protect you from **sexually transmitted infections**, so you will need to use a condom as well for protection? Yes  No  **If No**, please find information via the ‘Healthinote’ app above or via [www.nhs.uk/sexualhealth](http://www.nhs.uk/sexualhealth).  Is your **cervical smear test** up to date? Yes  No  If No, would you like Lodge Health to contact you about this Yes  No  Do you consent to Lodge Health using text message communication in future? Yes  No  *Thank you for completing this form. Please return it to Lodge Health.*  *We will then contact you and arrange a review, or you may be invited to simply have your weight and blood pressure checked via our Treatment room so that we can re-issue your prescription.* | | | |
| **For Lodge Health Prescriber use only:**  Date received:  Book for GP review face to face:  For BMI and BP check with treatment room followed by GP/Pharmacist review via telephone: | | | |
| **For treatment room use only:**  Please record blood pressure here:  weight (in kg)  height (in cm)       BMI= | | | |
| **Review date:** | | | |
| How do you take your contraceptive pill? Every day  For 21 days with a 7 day break  Other/tailored:  Do you know how the pill works? Yes  No | | | |
| Do you know what to do if you miss a pill? Yes  No | | | |
| Do you understand that you should tell a healthcare professional that you are on the pill if you need to have an operation or have a period of prolonged immobilisation, e.g. leg in plaster?  Yes  No  Do you know that the risk of a clot with the combined pill increases if you travel for extended periods, e.g. long-haul flight? Yes  No | | | |