In order to provide the contraceptive pill safely, we need to ask you a number of questions.

We would be grateful if you could complete this form when you submit your next contraceptive pill repeat prescription request. Complete this form and hand to reception with contact details.

If you are having any problems with your medication or would like to consider alternative contraception options, please speak to our Practice Nurse, who will be able to advise you, or refer you to the Doctor as appropriate.

|  |  |
| --- | --- |
| Patients Name: |  |
| Date of birth: |  |
| Contact telephone number (that you are happy for us to contact you on if there are any queries): |  |
| I consent to information being sent to my email address:Yes/No | Email address: |

|  |  |  |
| --- | --- | --- |
| 1. Have you had your blood pressure checked at the surgery within the last year?

If no, but you have access to a blood pressure machine, please provide  | Yes | No |
| 1. Are you a smoke? / Ex-smoker?
 | Yes | No |
| 1. Would you like help giving up?
 | Yes | No |
| 1. What is your current weight and height?
 |  |  |
| 1. Are you taking any medication not prescribed by the surgery? If so please detail overleaf
 | Yes | No |
| 1. Are you aware:
 |  |  |
| * How the pill works?
 | Yes | No |
| * What to do if you miss a pill?
 | Yes | No |
| * That the contraceptive pill may not work if you have diarrhoea or vomiting?
 | Yes | No |
| * That the contraceptive pill does NOT protect you from sexually transmitted infections, so you will need to use a condom as well to protect yourself?
 | Yes | No |
| 1. Do you suffer from migraines?
 | Yes | No |
| 1. If you do suffer from migraines, do you experience visual symptoms or changes in sensations or muscle power in one side of your body?
 | Yes | No |
| 1. Do you have parents or siblings with heart disease or strokes under the age of 45?
 | Yes | No |
| 1. Do you have diabetes?
 | Yes | No |
| 1. Ever had a deep vein thrombosis or pulmonary embolism?
 | Yes | No |
| 1. Do you have any blood clotting disorders?
 | Yes | No |
| 1. Do you have a family history of breast cancer?
 | Yes | No |
| 1. Are you aware of other long acting reversible contraception? Details overleaf
 | Yes | No |

|  |
| --- |
| Medication not prescribed by surgery |
|  |
|  |
|  |

I confirm that I have read and understood the information provided to me regarding contraceptive medication and the options in relation to long acting reversible contraception

|  |  |
| --- | --- |
| Patient signature |  |
| Date |  |

Thank you for completing this form please return to reception at the practice or email to sellindge.surgery@nhs.net

If there are any problems with re-issuing your prescription, we will contact you on the details provided. If not, your prescription will be ready for you to collect within **5 working days**. If you are registered with a pharmacy for electronic prescriptions, we will send the prescription electronically to your nominated pharmacy.

NHS Choices also provides very good advice about contraception; [www.nhs.uk](http://www.nhs.uk)

**Patient Information Leaflet Long-acting Reversible Contraception (LARC)**

Long-acting reversible contraceptive (LARC) devices are birth control methods that provide effective contraception for an extended period of time. You do not have to think about contraception on a daily basis or every time you have sex, as with the oral contraceptive pill or condoms. Long-acting reversible contraception is highly effective in preventing unintended pregnancies, and can be stopped if you decide you want to get pregnant.

Long-acting reversible contraceptives include the following:

• Implants – these are inserted under the skin and last for up to 3 years.

• Intrauterine devices – these are inserted into the womb and last for 5 to 10 years before they need replacing.

• Contraceptive injections – these work up to 12 weeks before repeating

