

Ratby Medical Centre Review for Women Taking Oral
Contraceptive Pills



Name Date of Birth.....

Telephone number which you are happy for us to contact you on.....

Date you need your next supply of contraceptives.....

You have recently requested a repeat prescription of your contraceptive pills. We attach a prescription for one packet of your pills because your annual review is now due. If you have no problems with your contraceptive pill it may not be necessary for you to see the doctor and instead you may just complete this form fully and return it to us within the next two weeks.

We do need to know your **height, weight and blood pressure**. You can check these with an appointment with our health care assistant (HCA) at the surgery.

Once we have processed the information on this form we will decide whether you can pick up a prescription for a further 9 month supply of pills, or whether the doctor or nurse wishes to see you in which case we will issue a prescription for a further one month supply of the pill with a request to make an appointment.

Occasionally the doctor will need to speak to you before issuing any more pills. It is therefore helpful if we can have mobile or home phone number on which you are happy for us to leave a voicemail/text/answerphone message. If you have not heard from us in a week you can pick up your next prescription.

1. General Information

Name of contraceptive you are taking

.....

	Yes	No
Any side effects from the pill?		
Do you get any bleeding in between your periods?		
Do you get any bleeding after intercourse?		
Are you breastfeeding?		
Are you immobile? (i.e. in a wheelchair)		

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2. Personal Medical History

Has anything changed—in particular, do you have, or have you ever had:

	Yes	No		Yes	No	<u>Other: /Comments</u>
Migraines			High blood pressure			
DVT (blood clot in leg)			Epilepsy			
PE (blood clot in lungs)			Heart disease			
Breast cancer			Stroke or mini-stroke (TIA)			
Breast lumps			Liver problems			

Because difficult relationships can cause health problems:
Does a partner, or anyone at home, hurt, hit, abuse or threaten you?

Yes No

If yes please speak to reception who will be able to arrange an appropriate timing of an appointment for you to speak with the GP to discuss this further.

If no, should you ever experience anything like this, the surgery is a safe place to talk about it and get help.

3. Family History

Has anything changed in your family history? In Particular:

	Yes	No		Yes	No	<u>Other / Comments:</u>
Breast cancer			Factor V Leiden			
DVT (blood clot in leg)			Heart disease			
PE (blood clot in lungs)			Stroke			
Blood clotting problems						

4. Lifestyle

Do you smoke? Ex-smoker Never smoked Smoker

Please note – we advise all smokers that they should stop smoking. Smoking does increase the risks of circulatory problems, particularly in women on the pill. If you would like to stop smoking please speak to the reception about the services we can offer.

**Please remember your cervical smear testing
(EVERY 3 years for women aged 25-50 and EVERY 5 years for women
aged 50- 65)**

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More women are becoming interested in using long-active reversible contraceptives (contraception you don't need to remember). An information leaflet is attached about these methods (injections, implants and 'coils'). Please tick here if YOU HAVE NOT RECEIVED this information.

If you would like to consider one of these methods please make an appointment to discuss this with the nurse.

5. Examination

Height (cm) Weight (kg) Blood Pressure

We usually prescribe 9 packets of the pill. If you would prefer fewer packs please state the number required here

Yours signature Date

THANK YOU. PLEASE GIVE THE COMPLETED FORM TO RECEPTION

If we have any problems with re-issuing your prescription we will contact you. If not, your prescription will be ready for you to collect within 3 working days.

To be completed by Doctor:

All items to be prescribed generically unless specified:

- Issue 9m prescription
- issue 1m prescription, routine review – patient notified by
Phone / Voicemail / Text
- Urgent review – patient notified by
Phone / Voicemail / Text

Any other comments:

Signature of Doctor.....

Please Turn over