

Oral Contraception Review

Patient	
Name: Miss Anna Thistle Moor-Test Patient	NHS Number: _____
Address: 16 Thistle Moor Road	Date of Birth: 17 Aug 1961
Peterborough	
PE1 3HP	
Telephone: _____	Mobile Tel.: 07957999331
Done By	
Name: _____	Date: _____

Oral Contraception Review

Contraception Review

All questions marked with a * should be answered.

1. Review

Please only complete the following questionnaire if requested by your GP practice as part of your routine oral contraception review.

This questionnaire is for a routine review of your use of contraception. If you are experiencing any of the following ring your GP immediately:

- A bad headache, or worsening or changing migraines.
- Painful swelling of your leg.
- Weakness or numbness of an arm or leg.
- Sudden problems with your speech or sight.
- Difficulty breathing.
- Coughing up blood.
- Pains in your chest, especially if it hurts to breathe in.
- A bad pain in your tummy (abdomen).
- A faint or collapse.

1. What is your current weight? (Kg)

2. What is your current height? (m)

3. What is your current heart rate / pulse rate? (bpm)

4. What is your systolic blood pressure? (the larger number) (mmHg)

5. What is your current diastolic blood pressure? (the smaller number) (mmHg)

6. Have you been experiencing side effects since you started taking the pill?

- Yes
- No
- Unsure

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7. If yes, please provide details of the side effects you have been experiencing:

8. Do you currently experience or have a history of Migraines?

- Yes
 No

9. Have you ever had any blood clots? (e.g. Deep Vein Thrombosis or Pulmonary Embolism)

- Yes
 No

10. Have you ever had a heart attack or stroke?

- Yes
 No

11. Have you ever had breast cancer or cervical cancer?

- Yes
 No

12. Have you considered other types of contraception?

- Yes
 No

13. Do you have a family history of any of the following? Please select any that apply

- Blood Clots (e.g. Deep Vein Thrombosis or Pulmonary Embolism)
 Breast Cancer
 Cervical Cancer
 Heart Attack
 Stroke

14. I have read the links to the leaflets below and understand the benefits and risks of oral contraception?

- Yes
 No

15. Would you like any further information about Long Acting Reversible Contraception (e.g. contraceptive implant or coil)?

- Yes
 No

16. If you would like to receive further information about alternative contraception, please select the options you are interested in below:

- Barrier methods (e.g. condoms, cap, diaphragm)
 Combined oral contraception pill
 Contraceptive injection
 Hormonal coil / IUS
 Implant
 Non-hormonal coil / IUD
 Progestogen only pill

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Please read the following leaflet:

<https://www.fpa.org.uk/download/your-guide-to-larc/#>

2. Lifestyle - Alcohol

17. How often do you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times a month
- 2-3 times a week
- 4 times or more a week

18. How many units of alcohol do you drink on a typical day drinking? Please see: <https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator>

- 1-2
- 3-4
- 5-6
- 7-9
- 10+

19. How often have you had 6 or more units on a single occasion in the last year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

3. Lifestyle - Smoking

20. Do you smoke?

- Never smoked
- Ex-smoker
- Trivial smoker (less than 1 cigarette per day)
- Light smoker (1-9 cigarettes per day)
- Moderate smoker (10-19 cigarettes per day)
- Heavy smoker (20-39 cigarettes per day)
- Very heavy smoker (40 or more cigarettes per day)

21. Do you use an e-cigarette?

- No
- Ex-User
- Yes

22. If you smoke, would you like help to quit smoking? (For further information, please see: www.nhs.uk/smokefree)

- Yes
- No

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4. Further Questions

23. I have the following questions that I would like to raise with my contraception Nurse or Doctor:

Please see the following links for further information on the Combined Oral Contraceptive Pill (COCP) that you may find useful:

NHS - <https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/>

Patient.Info - <https://patient.info/health/hormone-pills-patches-and-rings/combined-oral-contraceptive-coc-pill>

Please see the following links for further information on the Progestogen-only Pill (POP) that you may find useful:

NHS Choices - <https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/>

Patient.Info - <https://patient.info/health/hormone-pills-patches-and-rings/progestogen-only-contraceptive-pill-pop>

Please see the following links for further information about Cervical Smear that you may find useful:

Patient.Info - <https://patient.info/health/gynaecological-cancer/cervical-screening-cervical-smear-test>

After completing all of the above questionnaire, please click submit below. Your GP practice will then inform you if your oral contraception repeat prescription is ready for collection or if a further assessment is required.