

# Questionnaire For Patients 17+

## On The Contraceptive Pill



FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

**1. Personal Medical History**

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

	Y	N		Y	N
Migraine			High Blood Pressure		
DVT (Blood clot in the leg)			Epilepsy		
PE (Blood clot in the lung)			Heart Disease		
Breast Cancer			Stroke		

Other/Comments:

**2. Family History**

Has anything changed in your family history? In Particular:

	Y	N		Y	N
Breast Cancer			Factor V Leiden		
DVT (Blood clot in the leg)			High Blood Pressure		
PE (Blood clot in the lung)			Heart Disease		
Blood Clotting Problems			Stroke		

Other/Comments:

**3. Lifestyle**

	Y	N
Do you smoke?		
Do you drink alcohol?		

If yes, how many per day? \_\_\_\_\_ What Year did you start? \_\_\_\_\_

How many units per week? \_\_\_\_\_

**4. Examination**

(You can measure your blood pressure using the machine in the waiting room. You can also check your height and weight there too)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

**NB: Are you aware that you can get emergency contraception from our Duty Nurse and local pharmacies.**

If you have recently had a change of partner and/or under the age of 25 you are entitled to a free NHS chlamydia screen. If you wish for this please tick this box and a receptionist will give you a discreet pack.

If you are over 25 and/or recently had a change of partner and would like to have a chlamydia screen please ask to arrange a telephone slot or appointment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_