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| NAME |  |
| DOB |  |
| TELEPHONE NUMBER  |  |
| WHAT IS THE NAME OF YOUR CONTRACEPTIVE PILL? |
| HOW DO YOU TAKE YOUR CONTRACEPTIVE PILL?EVERY DAY (MINI PILL)……… OR FOR 21 DAYS WITH A 7 DAY BREAK (COMBINED PILL)? |
| WHICH PHARMACY DO YOU COLLECT YOUR PRESCRIPTION FROM? |
| PLEASE RECORD YOUR BLOOD PRESSURE ……………………………………..BLOOD PRESSURE MONITORS ARE READILY AVAILABLE TO PURCHASE FROM PHARMACIES AND GIVE ACCUATE READINGS |
| PLEASE RECORD YOUR WEIGHT (KG) |
| PLEASE RECORD HEIGHT IN (CM) |
|   **YES NO** |
| DO YOU SMOKE? ………. IF YES HOW MANY DO YOU SMOKE A DAY? ………… |
| HAVE YOUR PARENTS OR SIBLINGS HAD HEART DISEASE OR A STROKE UNDER THE AGE OF 45 |
| HAVE YOU HAD A DEEP VEIN THROMBOSIS (DVT) OR PULMONARY EMBOLUS? |
| DO YOU HAVE ANY BLOOD CLOTTING ILLNESS OR ABNORMALITIES? |
| DO YOU SUFFER FROM MIGRAINES? IF YES :IN THE 30-60 MINUTES BEFORE YOUR MIGRAINE STARTS DO YOU GET SYMPTOMS TOWARN YOU THAT A MIGRAINE IS COMING?DO YOU EXPERIENCE VISUAL SYMPTOMS OR CHANGES IN SENSATION OR MUSCLE POWER ON ONE SIDE OF YOUR BODY? |
| DO YOU DIABETES? |
| DO YOU HAVE A FAMILY HISTORY OF BREAST CANCER UNDER THE AGE OF 50? |
| DO YOU KNOW HOW THE PILL WORKS? |
| DO YOU KNOW WHAT TO DO IF YOU MISS A PILL? |
| DO YOU KNOW THAT THE PILL MAY NOT WORK IF YOU HAVE DIARRHOEA OR VOMITING? |
| DO YOU KNOW THAT THE PILL WILL NOT PROTECT YOU FROM SEXUALLY TRANSMITTED INFECTIONS, SO YOU WILL NEED TO USE A CONDOM AS WELL FOR PROTECTION? |
| DO YOU UNDERSTAND THAT YOU SHOULD TELL A HEALTHCARE PROFESSIONALTHAT YOU ARE ON THE PILL IF YOU NEED TO HAVE AN OPERATION OR HAVE A PERIODOF PROLONGED IMMOBILISATION, E.G. LEG IN PLASTER > |
| DO YOU KNOW THAT THE RISK OF A CLOT WITH THE COMBINED PILL INCREASES IF YOU TRAVEL FOR EXTENDED PERIODS? E.G LONG-HAUL FLIGHTS |
| ARE YOU AWARE OF THE ALTERNATIVE SUCH AS LONG-ACTING REVERSIBLE CONTRACEPTION IMPLANTS, INJECTIONS AND INTRA-UTERINE DEVICES (COIL)? |
| DO YOU UNDERSTAND THE SYMPTOMS OF A BLOOD CLOT ARE CALF PAIN AND SWELLING, SHARP CHEST PAIN, SHORTNESS OF BREATH OR COUGHING UP BLOOD |
| WOULD YOU BE HAPPY TO CONTINUE USING A CHECKLIST FOR YOUR PILL CHECK IN FUTURE? |

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| PRACTICE USE ONLY |
| CHECKED BY | NAME | DATE |
| PRESCRIPTION ISSUED | 3 MONTHS | 6 MONTHS  | 12 MONTHS  |
| FOLLOW-UP | CHECKLIST ONLY | PHONE CALL | FACE TO FACE  |