Contraceptive pill check list

In order to provide the contraceptive pill safely we need to ask you a number of questions. If you are having any problems with your medication or would like to consider alternative contraception options, please speak to one of our Practice nurses, who will be able to advise you, or refer you to the Doctor as appropriate.

Patients Name:
Date of Birth:
Date:
Contact number :
(In case we need to query any information you give us)

Please tick the appropriate answer:

Please lick the appropriate answer:		
	Yes	No
Are you happy with you contraception?		
Are you a smoker?		
Would you like help giving up if you are?		
Are you aware how the pill works?		
Are you aware what to do if you miss a pill?		
Are you aware that the contraceptive pill may not work if you have diarrhoea? have been vomiting or are on certain antibiotics?		
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?		
Do you suffer from migraines? Have they got worse on your pill?		
If you get migraine, do you experience visual symptoms or changes in sensation or muscle power on one side of you body?		
Do you have diabetes?		
Do you have parents or siblings who have had heart disease or stokes under the age of 45?		
Have you had a deep vein thrombosis or pulmonary embolus?		
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Do you have any blood clotting illnesses / abnormalities?		
Do you have any family history of breast cancer under the age of 50?		
Are you aware of the alternatives such as long acting reversible contraception		
Do you understand that the symptoms of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up		

blood?	
Do you understand that you should tell a healthcare professional that you are on the pill if you need to have an operation or have a period of 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 flight?	
Are you up to date with your smear tests? If not please consider arranging one.	

Thank you for completing this form. Please bring it to your nurse when you attend for your BP and weight check.