



Contraceptive Pill Checklist

For women 18 years and older, who are currently taking a contraceptive pill, prescribed by Beacon Medical Group, who are happy with their current contraception and wish to continue taking it.

In order to provide the contraceptive pill safely we need to ask you a number of questions. We would be grateful if you could complete this form when you submit your annual repeat prescription request. If you are having any problems with your medication or would like to consider alternative contraception options, please speak to one of our family planning trained practice nurses, or your own GP, who will be able to offer advice

Patients Name:

Signature:

Date of Birth:

Date:

Contact Number:

(That you are happy for us to contact you on, if there are any queries)

Please make sure you have had your blood pressure and weight taken in the surgery within the last 4 weeks. You may need to book an appointment with a HCA to facilitate this.

Please answer all questions below:	Yes	No
Are you satisfied with your current method of contraception? Please state pill name:		
Are you aware of the alternatives such as long acting reversible contraceptive (please read the attached pages)?		
Are you a smoker?		
Are you a smoker over the age of 35 years?		
If you do smoke, would you like help giving up?		
Is your BMI > 35? Please calculate using current weight and height, please state Ht: Weight:..... https://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx# BMI:		
Is your BP greater than 140/90mmHg? Please state BP: /		
Do you knowingly have a q-risk >10 or a past history of heart disease, stroke, TIA or arterial disease?		
Have you or any family member, had a deep vein thrombosis or pulmonary embolus (blood clot in the leg or lung), under the age of 45?		
Are you currently immobile?		
Do you suffer from migraines?		
If so, do you suffer from visual symptoms prior to the migraine headache?		
Do you have a current history or past history of breast cancer?		
Do you have uncontrolled diabetes?		
Have you developed any new symptoms or bleeding patterns since your last review?		
Have you had any changes to your medical / family / drug history since your last review?		
Are you aware how the pill works? Further information on the FPA or BMG websites.		
Are you aware what to do if you miss a pill?		
Are you aware that the contraception may not work if you have diarrhoea or vomiting		
Are you aware that the contraceptive pill does NOT protect you from Sexually Transmitted Infection (STI), so you will need to use a condom as well to protect yourself		
Would you like to book a consultation with a health care professional to discuss or arrange fitting a long acting reversible contraceptive?		

Thank you for completing this form.

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 5 working days.