

CONTRACEPTION REVIEW

Please fill this questionnaire in and either bring it in to the surgery or take a picture of it/scan it and send it to: thebellsurgery@nhs.net

You can either come into the surgery any time to have a blood pressure and weight check, or if you have access to a blood pressure machine (eg at home/work or at a pharmacy), please write your blood pressure and weight below.

Name: Date of Birth:

Name of contraceptive pill:

Weight: Blood Pressure:/.....

Yes No

- 1. Are you having any problems with your contraception?
- 2. Do you take Desogestrel or Cerazette or Cerelle? If so please go to question 7
- 3. Are you 35 or older? If no go on to question 4
 - a. Do you smoke or have you stopped in the last year?
- 4. Have you, or any siblings or parents of yours, had a clot in the leg or a clot in the lung? (also known as DVT/PE)
- 5. Have you developed headaches since last seeing your GP?
- 6. Do you have any liver or gall bladder disease?
- 7. Have you had breast cancer?
- 8. Are you having any irregular bleeding? Eg after intercourse, or between periods?

IF YOU HAVE TICKED YES TO ANY OF THE ABOVE QUESTIONS THEN PLEASE MAKE AN APPOINTMENT TO SEE YOUR GP

Are you aware of the missed pill rules?

Search "NHS choices missed pill" and click on the link for the combined pill or the progestogen only pill.

If you're on the combined pill, did you know you can take two packs in a row if you want to delay your period?

NB You will need this check-up yearly. As per practice policy we issue 3 months of the pill at a time.