**THE GLENFIELD SURGERY**

# Annual Pill Check review

|  |
| --- |
| This form is for patients who simply require a further prescription of their contraceptive pill. If you have any concerns DO NOT use this form but book an appointment with a Nurse. Please complete the required information using the scales and blood pressure machine in the waiting area and we will issue a prescription to the nominated Chemist. It will take 24hrs to generate your prescription.There is a slightly higher risk of developing breast cancer, cervical cancer, having a heart attack or stroke and developing a blood clot in the leg or lung in ladies taking the combined oral contraceptive pill. This risk is minimal but patients should be made aware of this |
| Personal Details | Patient to complete all shaded areas: |
| Title/Full name: | Blood pressure reading(Please use the machine in the waiting area)Reading: |
| Date of Birth: |
| Contact Telephone Number(s): | Weight (in Kgs):(Please see conversion chart) |
| Height: | Do you smoke? Current smoker [ ](please tick one Ex-Smoker [ ] box only) Never smoked [ ] |
| Nominated Pharmacy: | Name of requested contraceptive pill: |
| Most women are interested in using long-acting reversible contraceptives. Please go to www.fpa.org.uk to read more information about these methods. |
| MEDICAL HISTORY |
| Please circle your answers. If you answer yes to any of the following questions, we may contact you to discuss further. |
| 1. Have you had any problems or concerns with the pill? |  |
| 2. Have you had any irregular bleeding such as between periods or after sex? | Yes/No |
| 3. Do you have a family or personal history of DVT or pulmonary embolism? | Yes/No |
| 4. Do you suffer from migraines? | Yes/No |
| 5. Are you breast-feeding? | Yes/No |
| 6. Are you on weight loss injection (Ozempic/Mounjaro)? | Yes/No |
| 7. Are you getting weight loss injection from private provider? | Yes/No |
| Signature of Patient: | Date: <Today's date> |
| For office use:(please tick)For POP if patient said yes to 1 and 2 task usual GP otherwise issueFor COCP if any of the above is yes and/or any of the below task usual GP: 。 BMI>35kg/㎡ BMI:<Latest BMI>On medication for Epilepsy or T.B O Age>35 and current smoker o BP>140 systolic or>90 diastolicSpeak to Pharmacist if on weight loss injection https://www.pcwhs.co.uk/\_userfiles/pages/files/resources/glp1\_contraception\_hrt\_article.pdf o Please make an entry on S1 if on weight loss injectionIf BP out range and on PROGESTERONE ONLY PREP THEN SEND SMS TO SUBMIT HOME BP READINGS-Still issue regardlessIssue a prescription for 12 months [ ] Or Sent to usual GP [ ] 111 STATION ROAD, GLENFIELD, LEICESTER,LE3 8GS | For office use:Signed:Assessing TechnicianDate: |

Telephone **0116 2333600**