**THE GLENFIELD SURGERY**

# Annual Pill Check review

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| 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 issue  For 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 diastolic  Speak 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 injection  If BP out range and on PROGESTERONE ONLY PREP THEN SEND SMS TO SUBMIT HOME BP  READINGS-Still issue regardless  Issue a prescription for 12 months [ ]  Or Sent to usual GP [ ] 111 STATION ROAD, GLENFIELD, LEICESTER,LE3 8GS | | For office use:  Signed:  Assessing Technician  Date: |

Telephone **0116 2333600**