** Forest Medical Group**

**Pill Check Review**

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| **Date Received** |

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| Thank you for completing this form. We are aiming to avoid the need for you to see a clinician in order to reissue your pill prescription. If you require the use of a scale or blood pressure machine they can be found in the waiting area – we are unable to issue a repeat prescription without up to date blood pressure and weight measurements. Once completed, please hand the form to reception. If we have any problems with re-issuing your pill we will contact you otherwise we will generate your next supply of the contraceptive pill. Please note, it will take **72 hours** to generate your prescription. If you are registered for electronic prescriptions we will send your prescription electronically to your nominated pharmacy | | | | | | | |
| **PERSONAL DETAILS** | | | | | | | |
| Full Name | | | Home Number | | | | |
| Mrs/Miss/Ms/Other | | | Work Number | | | | |
| Address and Postcode | | | Mobile Number | | | | |
|  | | | Preferred Number | | | | |
| Date of Birth | | | E-mail Address | | | | |
| Height | Feet/inches | cm | Weight | Stones/lbs | | | kg |
| Blood Pressure Reading 1 (Please use the machine in the reception. Take 2 readings ,5 minutes apart) | | | Blood Pressure Reading 2 | | | | |
| **REVIEW QUESTIONS** | | | | | | | |
| Please circle your answers. If you answer **yes** to any of the following questions, we may contact you to discuss further if required. | | | | | | | |
| Have you had any problems or concerns with the pill? | | | | | | Yes / No | |
| Are you aware that the contraceptive pill does *NOT* protect you from sexually transmitted infections (STIs), so you will need to use a condom as well to protect yourself? | | | | | | Yes / No | |
| Are you breast feeding? | | | | | | Yes / No If Yes age of child- | |
| Do you suffer from migraines? | | | | | | Yes / No | |
| Do you suffer from high blood pressure? | | | | | | Yes / No | |
| Have you had a deep vein thrombosis (DVT) or pulmonary embolus (PE)? | | | | | | Yes / No | |
| Do you have parents or siblings who have had a deep vein thrombosis (DVT) or pulmonary embolism (PE) under the age of 45? | | | | | | Yes / No | |
| Do you have any blood clotting illnesses / abnormalities? | | | | | | Yes / No | |
| Do you have or previously had breast cancer? | | | | | | Yes / No | |
| Are you a breast cancer BRCA1/BRCA2 gene carrier? | | | | | | Yes / No | |
| Have you had a change in bleeding pattern or new bleeding? | | | | | | Yes / No | |
| Do you smoke?  (please tick 1 box only) | | Current Smoker | Never Smoked | | | Ex-Smoker  Stop Date (MM/YY) ………………. | |
| Have you been diagnosed with any new health conditions since we last issued you a prescription? | | Yes / No If Yes please state - | | | | | |
| Are you taking any medication or supplements not prescribed by the surgery? | | Yes / No If Yes please state - | | | | | |
| Are you aware of the alternatives such as long acting reversible contraceptives (LARCs)? (Please see page 3) | | | | | Yes / No | | |
| Would you like to book a consultation with a clinician to discuss or arrange fitting of a long acting reversible contraceptive? | | | | | Yes / No | | |

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| It is important that you are aware of: | How the pill works | If you are not aware or if you require further information you can find this information online on the link below or discuss further with a clinician: -  https://www.nhs.uk/conditions/contraception/  I can confirm I understand the information  Would you like to discuss this further with a clinician? | Yes / No  Yes / No |
| What to do if you miss a pill |
| That the contraceptive pill may not work if you have diarrhoea or vomiting |
| The risks of contraceptive pills |

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| **Name of requested contraceptive pill:** |  |
| *I can confirm that the information provided is accurate and to the best of my knowledge. I have read and understood the information provided to me regarding contraception and the options in relation to long acting reversible contraception* | |
| Signature of patient: | Date: |
| **For office use:**  **Calculated BMI:**  **Last pill review consultation with clinician (MM/YY):**  **Issue repeat prescription for 12 months:**  **Issue repeat prescription for 1 month and then review: Nurse GP**  **No Prescription - Needs review:**  **Nurse GP** | Signed: …………………………………  (Nurse/Pharmacist/GP)    Date: …………………………………… |

**\*\*\*Please remember your next cervical smear test, book in for an appointment if you are due\*\*\***

**(EVERY 3 years for women aged between 25-49 and EVERY 5 years for women aged between 50-64)**

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| **LARCs** | **Implants** | **Intrauterine system (IUS)** | **Intrauterine device (IUD)** | **Progesterone only injections** |
| *What is it?* | A small, flexible rod inserted under the skin of your upper arm. | A small, T-shaped plastic device is placed into the uterus (womb) | A small plastic and copper device is placed into the uterus (womb) | An injection that slowly releases progestogen |
| *How does it work?* | It slowly releases the hormone progestogen. It stops ovulation, thickens cervical mucus to stop sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting | The plastic device releases the hormone progestogen. This thins the lining of the uterus to prevent a fertilised egg implanting and thickens cervical mucus to prevent sperm reaching an egg | The copper prevents sperm from surviving and alters your cervical mucus to prevent sperm reaching an egg. An IUD may also stop a fertilised egg implanting in the uterus | It releases the hormone progestogen which stops ovulation, thickens cervical mucus to prevent sperm reaching an egg and thins the lining of the uterus to prevent a fertilised egg implanting |
| *How long does it last for?* | 3 years | 5 years. | 5-10 years depending on type. If fitted after age 40, it can stay in place until after the menopause when contraception is no longer needed | Repeat injections every 8-12 weeks depending on type.  The injection can’t be removed from the body so any side effects may continue for as long as it works and for some afterwards |
| *Chances of getting pregnant?* | Over 99% effective once fitted. Less than 1 in 100 implant users will get pregnant in a year | Over 99% effective once fitted. Less than 1 in 100 IUS users will get pregnant in a year | Over 99% effective once fitted. Less than 1 in 100 IUD users will get pregnant in a year | Typical use, around 94% effective. 6 in 100 injection users will get pregnant in a year. |
| *Could it affect changes of getting pregnant in the future?* | Your fertility returns to normal as soon as the implant is removed. | Your fertility returns to normal as soon as the IUS is removed. | Your fertility returns to normal as soon as the IUD is removed. | Your periods and fertility may take up to one year to return after stopping the injection. It may take longer for some people. |
| *Affect on periods?* | Your periods may stop, be irregular or may last longer. | Your periods usually become lighter, shorter and often less painful. They may stop altogether. | Your periods may become heavier or longer or more painful. | Periods often stop but some women experience irregular or persistent bleeding. |
| *Unwanted effects?* | Acne, fluid retention, breast tenderness. | Risk of ectopic pregnancy is higher if a woman falls pregnant while using an IUS. Infection.  Expulsion – IUS may come out. | Risk of ectopic pregnancy is higher if a woman falls pregnant while using a copper coil. Infection. Expulsion – IUD may come out. | May gain weight (2-3kg over a year) May cause thinning of the bones which is reversible on stopping. |

For further information please visit: - https://patient.info/sexual-health/long-acting-reversible-contraceptives-larc