



Contraceptive Pill Review

If you would like to request a repeat prescription of the contraceptive pill you are currently taking and you are due a review of this medication, please fill out the form below.

If you are having any problems with your pill (such as troublesome bleeding) or you would like to discuss alternative contraception, please make an appointment with the GP.

This information will be sent to the practice team and your prescription should be available within the next 7 days. We will contact you if there is a problem with your request.

Name: _____

DOB: _____

Contact number: _____

Name of contraceptive pill: _____

Please confirm that you have **NO** problems with this pill

Please confirm that you know what to do if you miss a pill Confirmed

BP _____ / _____ Weight _____ kg Height _____

Smoking status Smoker Ex-smoker Never smoked

If you smoke, how many cigarettes do you smoke per day?

Would you like to receive smoking advice via text? Yes No

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	YES	NO
Have you started any new medication since your last pill prescription?		
Any new health problems diagnosed since your last prescription?		
Do you suffer with migraines with aura (warning signs just before the migraine, like visual disturbance)?		
Have you ever had a blood clot?		
Has anyone in your immediate family had a blood clot?		
Have you ever had breast or cervical cancer?		
Has anyone in your immediate family had breast cancer under the age of 50?		
Has anyone in your immediate family had heart disease or a stroke under the age of 45?		