**Contraceptive Pill Checklist**

Please complete and either post/hand in to the practice or email it to: [northavenuesurgery@nhs.scot](mailto:northavenuesurgery@nhs.scot)

**If you are unable to complete you BP, WEIGHT or HEIGHT please contact the practice to make an appointment with our Healthcare Assistant. Please bring along your form to this appointment.**

|  |  |
| --- | --- |
| Name |  |
| Date of Birth |  |
| Telephone Number |  |

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| --- | --- | --- |
| What is the name of your contraceptive pill? | | |
| How do you take your contraceptive pill?  Every day (the ‘mini-pill/Progesterone ONLY’)  21 days with a 7 day break (the combined pill) | | |
| Please record your blood pressure if you have it available:  Blood pressure monitors are readily available to purchase and provide satisfactory readings. | | |
| Please record your weight (in kg) | | |
| Please record your height (in cm) | | |
|  | Yes | No |
| Do you smoke? If Yes, how many do you smoke a day? |  |  |
| Have your parents or siblings had heart disease or stroke under the age of 45? |  |  |
| Have you had a deep vein thrombosis (DVT) or pulmonary embolus? |  |  |
| Do you have any blood clotting illnesses or abnormalities? |  |  |
| Do you suffer from migraines? If yes:  In the 30-60 minutes before your migraine starts do you get any symptoms to warn you that a migraine is coming?  Do you experience visual symptoms or changes in sensation or muscle power on one side of your body? |  |  |
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|  |  |
| Do you have diabetes? |  |  |
| Do you have a family history of breast cancer under the age of 50? |  |  |
| Do you know how the pill works? |  |  |
| Do you know what to do if you miss a pill? |  |  |
| Do you know that the pill may not work if you have diarrhoea or vomiting? |  |  |
| Do you know that the pill will not protect you from sexually transmitted infections, so you will need to use a condom as well for protection? |  |  |
|  | Yes | No |
| Do you understand that the symptoms of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up blood? |  |  |
| Do you understand that you should tell a healthcare professional that you are on the pill if you need to have an operation or have a period of prolonged immobilisation, e.g. leg in plaster? |  |  |
| Do you know that the risk of a clot with the combined pill increases if you travel for extended periods, e.g. long-haul flight? |  |  |
| Are you aware of the alternative such as long-acting reversible contraception implants, injections and intra-uterine devices (the coil)? |  |  |
| Are you up to date with smear test? (aged between 25 and 64 years) |  |  |
| Would you be happy to continue using a checklist for your pill check in the future? |  |  |

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| *Practice use only* | | | |
| *Checked by* | *Name* | | *Date* |
| *Prescription Issued* | *3 Months* | *6 Months* | *12 Months* |
| *Follow up* | *Checklist only* | *Phone call* | *Face to face* |