DENTON MEDICAL PRACTICE

Pill check on line form

We have designed this form to make it easy for you to have an annual pill check. The majority of our patients who use the contraceptive pill are fit and healthy and the medication is safe to take. There is often little need to have a face to face appointment with the nurse. However, if you would prefer to make an appointment you have the option to do so.

This Pill Check form is only for or people on established oral contraceptives. It should not be used for changes in pills or when someone is starting treatment for the first time.

You must answer all the questions honestly and openly. All contraceptive pills have some risks and potential side effects, and we want to reduce these as far as possible.

Name: Click here to enter text.

Date of Birth: Click here to enter text.

Postcode: Click here to enter text.

Mobile no.: Click here to enter text.

Nominated pharmacy: Click here to enter text.

Please tick the boxes to confirm you understand and agree with the following statements:

1. I need to give all information honestly [ ]
2. I should read the prescription leaflet which comes with the pill package [ ]
3. No pill is 100% effective. I should take my pill regularly as prescribed [ ]
4. There are long acting contraceptives which can be more effective [ ]
5. The pill does not protect me against sexually transmitted infection [ ]

For more information about contraception choices, side effects and ‘long acting’ alternatives visit:

[My Contraception Tool](https://www.fpa.org.uk/contraception-help/my-contraception-tool)

For more information regarding Sexually Transmitted Illnesses visit:

[Sexual Health](https://www.nhs.uk/live-well/sexual-health/)

If you miss a pill, here is what to do:

[Missing a Combined Pill](https://www.nhs.uk/conditions/contraception/miss-combined-pill)

[Missing a Progestogen Only Pill](https://www.nhs.uk/conditions/contraception/miss-progestogen-only-pill)

**Pill type**

What is the name of your pill? Click here to enter text.

Are you currently using this contraceptive pill? Y[ ]  N[ ]

Do you feel this brand of pill is suiting you well? Y[ ]  N[ ]

How many months Rx would you like 3m[ ]  6m[ ]  12m[ ]

Please select 12 months unless you feel you may wish to stop your pill sooner.

**Medical safety Questions**

Please note it is not safe for some women who are overweight or have high blood pressure to take the combined contraceptive pill as it can lead to strokes or clots

My Blood pressure is (you can use our waiting room BP machine or one in any local chemist)

Click here to enter text.

My weight is Click here to enter text.

My height is Click here to enter text.

Use this link to work out your BMI: [BMI calculator.](http://www.nhs.uk/Tools/Pages/Healthyweightcalculator.aspx)

My BMI is Click here to enter text.

Do you smoke? Y[ ]  N[ ]

Smoking increases the risks of taking the combined pill. Would you like the practice to contact you about services to help you to stop smoking? Y[ ]  N[ ]

Is your vaginal bleeding pattern acceptable? Y[ ]  N[ ]

Do you experience bleeding after you have had sex? Y[ ]  N[ ]

Have you ever had a migraine with aura? To find out what this means: [Migraine Symptoms](https://www.nhs.uk/conditions/migraine/symptoms/)

 Y[ ]  N[ ]

Have you or a member of your family ever experienced a deep vein thrombosis or a pulmonary embolus? Y[ ]  N[ ]

Once you have completed this on line form, email it to suggestions.dentonmedical@nhs.net

It will be passed to our practice pharmacist who will review your answers and contact you if there is a concern. Otherwise, your pill will be ready to collect in 3 days, from your nominated pharmacy.