

Three Chequers Medical Practice

72 Endless Street

Salisbury

SP1 3UH

T: 01722 336441

E: three.chequers@nhs.net

www.3chequers.co.uk

Dear Patient,

Oral Contraception Review Questionnaire

We are inviting you to complete the following questionnaire as part of your Long-term Condition and/or Medication Review. If we have the incorrect method recorded, please contact the surgery to update your information.

It is important that you answer the following questions promptly so we can ensure your condition is properly controlled and managed. If you run out of your repeat medication and have not had a review, we will have difficulty re-authorising your repeat medication. Your medication may be stopped should you decline or ignore our invitation as we require up-to-date results to ensure we can prescribe safely.

Once completed, this information will be stored in your medical record to be reviewed by a member of our clinical team. Your GP practice will then inform you if your contraceptive repeat prescription is ready for collection or if a further assessment is required.

This questionnaire is for a routine review of your use of contraception. If you are experiencing any of the following ring your GP immediately:

- A bad headache, or worsening or changing migraines.
- Painful swelling of your leg.
- Weakness or numbness of an arm or leg.
- Sudden problems with your speech or sight.
- Difficulty breathing.
- Coughing up blood.
- Pains in your chest, especially if it hurts to breathe in.
- A bad pain in your tummy (abdomen).
- A faint or collapse

Partners: Dr Jeremy Howell · Dr Craig Kyte
Dr Michele Giorgi · Dr Helen Drayson · Dr Timothy Moody
Dr Peter Moody · Dr Hannah Clarke · Dr Daniel O'Sullivan

Three Chequers Medical Practice Registered Address: 72 Endless Street, Salisbury, SP1 3UH

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Register for Systmonline - The services are open 24/7/365 and can be accessed from your home PC, Tablet or Mobile phone

Review:

What is your current weight?

_____ Kg

What is your current height?

_____ m

What is your current heart rate / pulse rate?

_____ Bpm

If you have taken your blood pressure, what is your current systolic blood pressure? (the larger number)

_____ mmHg

If you have taken your blood pressure, what is your current diastolic blood pressure? (the smaller number)

_____ mmHg

Have you been experiencing side effects since you started taking the pill?

- Yes
- No
- Unsure

If yes, please provide details of the side effects you have been experiencing:

Do you currently experience or have a history of Migraines?

- Yes
- No

Have you ever had any blood clots? (e.g. Deep Vein Thrombosis or Pulmonary Embolism)

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Yes
 No

Have you ever had a heart attack or stroke?

Yes
 No

Have you ever had breast cancer or cervical cancer?

Yes
 No

Have you considered other types of contraception?

Yes
 No

Do you have a family history of any of the following? Please select any that apply

Blood Clots (e.g Deep Vein Thrombosis or Pulmonary Embolism)
 Breast Cancer
 Endometrial Cancer
 Heart Attack
 Stroke
 None of the above

I have read the links to the leaflets below and understand the benefits and risks of oral contraception?

Yes
 No

Would you like any further information about Long Acting Reversible Contraception (e.g. contraceptive implant or coil)?

Yes
 No

If you would like to receive further information about alternative contraception, please select the options you are interested in below:

Barrier methods (e.g condoms, cap, diaphragm)
 Combined oral contraception pill
 Contraceptive injection
 Hormonal coil / IUS
 Implant
 Non-hormonal coil/ IUD
 Progestogen only pill

Please read the following leaflet:

www.sexwise.org.uk/contraception/long-acting-reversible-contraception-larc

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Lifestyle – Alcohol

How often do you have a drink containing alcohol? (Please Tick below)

- Never
- Monthly or less
- 2 - 4 times a month
- 2 - 3 times a week
- 4 times or more a week

How many units of alcohol do you drink on a typical day drinking? To calculate your units, please visit <https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator>

- 1 – 2
- 3 – 4
- 5 – 6
- 7 – 9
- 10+

How often have you had 6 or more units if female, or 8 or more if male, on a single occasion in the last year?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily or almost daily

Lifestyle - smoking

Do you smoke? (Please Tick below)

- Never smoked
- Ex-smoker
- Trivial smoker (less than 1 cigarette per day)
- Light smoker (1-9 cigarettes per day)
- Moderate smoker (10-19 cigarettes per day)
- Heavy smoker (20-39 cigarettes per day)
- Very heavy smoker (40 or more cigarettes per day)

Do you use an e-cigarette?

- No
- Ex-User
- Yes

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If you smoke, would you like help to quit smoking? (For further information, please visit www.nhs.uk/smokefree)

Yes
 No

Further questions

I have the following questions that I would like to raise with about contraception with my Nurse or Doctor:

Please see the following links for further information on the Combined Oral Contraceptive Pill (COPC) that you may find useful:

NHS - <https://www.nhs.uk/conditions/contraception/combined-contraceptive-pill/>

Patient.Info - <https://patient.info/health/hormone-pills-patches-and-rings/combined-oral-contraceptive-coc-pill>

Please see the following links for further information on the Progestogen-only Pill (POP) that you may find useful:

NHS Choices - <https://www.nhs.uk/conditions/contraception/the-pill-progestogen-only/>

Patient.Info - <https://patient.info/health/hormone-pills-patches-and-rings/progestogen-only-contraceptive-pill-pop>

Please see the following links for further information about Cervical Smear that you may find useful:

Patient.Info - <https://patient.info/health/gynaecological-cancer/cervical-screening-cervical-smear-test>

Please return this completed questionnaire by email to three.chequers@nhs.net or by hand for the attention of the LQM Administrator to any of our surgeries.

After completing all of the above questionnaire, please click submit below. Your GP practice will then inform you if your oral contraception repeat prescription is ready for collection or if a further assessment is required.

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