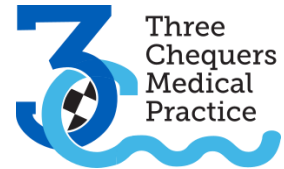


**Three Chequers Medical Practice incorporating:**

Endless Street Surgery  
Three Swans Surgery  
Winterslow Surgery  
Porton & Old Sarum Surgery



**Three Chequers Medical Practice**

72 Endless Street  
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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  
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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:**

<b>What is your current weight?</b>
_____ Kg
<b>What is your current height?</b>
_____ m
<b>What is your current heart rate / pulse rate?</b>
_____ Bpm
<b>If you have taken your blood pressure, what is your current systolic blood pressure? (the larger number)</b>
_____ mmHg
<b>If you have taken your blood pressure, what is your current diastolic blood pressure? (the smaller number)</b>
_____ mmHg
<b>Have you been experiencing side effects since you started taking the pill?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
<b>If yes, please provide details of the side effects you have been experiencing:</b>
<b>Do you currently experience or have a history of Migraines?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Have you ever had any bloods clots? (e.g. Deep Vein Thrombosis or Pulmonary Embolism)</b>

☐ 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](http://www.sexwise.org.uk/contraception/long-acting-reversible-contraception-larc)

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## **Lifestyle – Alcohol**

<b>How often do you have a drink containing alcohol? (Please Tick below)</b>
<input type="checkbox"/> Never <input type="checkbox"/> Monthly or less <input type="checkbox"/> 2 - 4 times a month <input type="checkbox"/> 2 - 3 times a week <input type="checkbox"/> 4 times or more a week
<b>How many units of alcohol do you drink on a typical day drinking? To calculate your units, please visit <a href="https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator">https://www.drinkaware.co.uk/understand-your-drinking/unit-calculator</a></b>
<input type="checkbox"/> 1 – 2 <input type="checkbox"/> 3 – 4 <input type="checkbox"/> 5 - 6 <input type="checkbox"/> 7 – 9 <input type="checkbox"/> 10+
<b>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?</b>
<input type="checkbox"/> Never <input type="checkbox"/> Less than monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Daily or almost daily

## **Lifestyle - smoking**

<b>Do you smoke? (Please Tick below)</b>
<input type="checkbox"/> Never smoked <input type="checkbox"/> Ex-smoker <input type="checkbox"/> Trivial smoker (less than 1 cigarette per day) <input type="checkbox"/> Light smoker (1-9 cigarettes per day) <input type="checkbox"/> Moderate smoker (10-19 cigarettes per day) <input type="checkbox"/> Heavy smoker (20-39 cigarettes per day) <input type="checkbox"/> Very heavy smoker (40 or more cigarettes per day)
<b>Do you use an e-cigarette?</b>
<input type="checkbox"/> No <input type="checkbox"/> Ex-User <input type="checkbox"/> Yes

**If you smoke, would you like help to quit smoking? (For further information, please visit [www.nhs.uk/smokefree](http://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 (COCP) 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](mailto: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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