

Repeat Prescription for Combined Pill

Please complete and email the form to buc-tr.bhtbshaw@nhs.net. This form will allow a clinician to re-issue your prescription for the combined pill if safe to without you having to come in for an appointment. **Please note that we are unable to issue a repeat prescription without up to date blood pressure and weight measurements.** If you have any questions please ring 0300 303 2880. Completion of this form does not guarantee that we will be able to issue your repeat prescription and we may need to ring you to discuss further.

PERSONAL DETAILS

Full Name		Date of birth	
Address		Mobile number	
		Home number	
Postcode		E-mail address	
Height	Feet/inches or cm	Weight	Stones/lbs or kg
Blood Pressure		Date blood pressure taken	

ABOUT YOUR COMBINED PILL

What is the name of your combined pill?		
Have you had any problems or concerns with your pill?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you been on this pill for more than a year?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Any missed or late pills?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you experiencing any unwanted side effects?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you had any irregular bleeding?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Please confirm that you have no new concerns about this pill (if you have any concerns please ring 0300 303 2880 to discuss)		No concerns <input type="checkbox"/> I have concerns <input type="checkbox"/>
I confirm that I know what to do if I miss a pill		Yes <input type="checkbox"/> No <input type="checkbox"/>

MEDICAL HISTORY

If you answer **yes** to any of the following questions, we may contact you to discuss further.

Have you started any new medication since your last pill prescription? If yes, please list:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you been diagnosed with any new health conditions since your last pill prescription? If yes, please list:		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you recently had a baby (within the last 6 months)?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you breast feeding?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you suffer from migraines?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have a family or personal history of blood clots?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you have any breast disease (e.g. breast cancer) in your family, or have you had breast cancer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do you smoke? (please tick 1 box only)	Current Smoker <input type="checkbox"/>	Ex-Smoker <input type="checkbox"/>	Never Smoked <input type="checkbox"/>

Remember that the contraceptive pill does NOT protect against sexually transmitted infections (STIs), so you may need to use condoms as well. If you have had a new sexual partner since your last pill prescription, or have any symptoms, we recommend that you have a full STI screen. Please ring 0300 303 2880 to book.

There are long acting methods of contraception available <https://tinyurl.com/bshaw-larc>, if you would like to discuss further please ring 0300 303 2880. If you have concerns about your combined pill at any time, please ring 0300 303 2880. Further information on the combined pill: <https://tinyurl.com/bshaw-cocp>

Please confirm how you would like to receive your prescription or pills: (please tick only one option)

I would like to receive a prescription for my pill in the post. We can only issue a maximum of six months' supply at a time. A text message will be sent once your prescription is posted. **Please allow up to 10 working days to receive your prescription once it has been posted.** The address of the clinic will be stamped on the back of the envelope.

I would like to collect the pills from clinic. **Please do not attend clinic without an appointment.** We will contact you to arrange a time to collect your pills.

I confirm that the information provided is accurate to the best of my knowledge

Signature of patient:

Date: