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| 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. | | | | |
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| **PERSONAL DETAILS** | | | | |
| Full Name Click or tap here to enter text. | | | Date of birth Click or tap to enter a date. | |
| Address Click or tap here to enter text. | | | Mobile number Click or tap here to enter text. | |
| Click or tap here to enter text. | | | Home number Click or tap here to enter text. | |
| Postcode Click or tap here to enter text. | | | E-mail address Click or tap here to enter text. | |
| Height | Feet/inches or cm  Click or tap here to enter text. | | Weight | Stones/lbs or kg  Click or tap here to enter text. |
| Blood Pressure Click or tap here to enter text. | | | Date blood pressure taken Click or tap to enter a date. | |
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| **ABOUT YOUR COMBINED PILL** | | | | |
| What is the name of your combined pill? | | | | Click or tap here to enter text. |
| Have you had any problems or concerns with your pill? | | | | Yes  No |
| Have you been on this pill for more than a year? | | | | Yes  No |
| Any missed or late pills? | | | | Yes  No |
| Are you experiencing any unwanted side effects? | | | | Yes  No |
| Have you had any irregular bleeding? | | | | Yes  No |
| 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  I have concerns |
| I confirm that I know what to do if I miss a pill | | | | Yes  No |
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| **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: Click or tap here to enter text. | | | | Yes  No |
| Have you been diagnosed with any new health conditions since your last pill prescription? If yes, please list: Click or tap here to enter text. | | | | Yes  No |
| Have you recently had a baby (within the last 6 months)? | | | | Yes  No |
| Are you breast feeding? | | | | Yes  No |
| Do you suffer from migraines? | | | | Yes  No |
| Do you have a family or personal history of blood clots? | | | | Yes  No |
| Do you have any breast disease (e.g. breast cancer) in your family, or have you had breast cancer? | | | | Yes  No |
|  | | | | |
| Do you smoke?  (please tick 1 box only) | | Current Smoker | Ex-Smoker | Never Smoked |
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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>

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| **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: Click or tap here to enter text. | Date: Click or tap to enter a date. |