Contraceptive Pill Safety Checklist

Please complete and either post/hand in to the practice or email it to: 63250@lanarkshire.scot.nhs.uk

If you are unable to complete you BP, WEIGHT or HEIGHT please contact the practice to make an appointment with our Pharmacist. Please bring along your form to this appointment.

Name	
Date of Birth	
Telephone Number	

What is the name of your contraceptive pill?		
How do you take your contraceptive pill? Every day (the 'mini-pill/Progesterone ONLY') ☐ 21 days with a 7 day break (the combined pill) ☐		
Please record your blood pressure if you have it available: Blood pressure monitors are readily available to purchase and provide satisfactory readings.		
Please record your weight (in kg)		
Please record your height (in cm)		
	Yes	No
Do you smoke? If Yes, how many do you smoke a day?		
Have your parents or siblings had heart disease or stroke under the age of 45?		
Have you had a deep vein thrombosis (DVT) or pulmonary embolus?		
Do you have any blood clotting illnesses or abnormalities?		
Do you suffer from migraines? If yes:		
In the 30-60 minutes before your migraine starts do you get any symptoms to warn you that a migraine is coming?		
Do you experience visual symptoms or changes in sensation or muscle power on one side of your body?		
Do you have diabetes?		
Do you have a family history of breast cancer under the age of 50?		
Do you know how the pill works?		
Do you know what to do if you miss a pill?		
Do you know that the pill may not work if you have diarrhoea or vomiting?		
Do you know that the pill will not protect you from sexually transmitted infections, so you will need to use a condom as well for protection?		

	Yes	No
Do you understand that the symptoms of a blood clot are calf pain and swelling, sharp chest pains, shortness of breath and coughing up blood?		
Do you understand that you should tell a healthcare professional that you are on the pill if you need to have an operation or have a period of prolonged immobilisation, e.g. leg in plaster?		
Do you know that the risk of a clot with the combined pill increases if you travel for extended periods, e.g. long-haul flight?		
Are you aware of the alternative such as long-acting reversible contraception implants, injections and intra-uterine devices (the coil)?		
Are you up to date with smear test? (aged between 25 and 64 years)		
Would you be happy to continue using a checklist for your contraceptive safety check in the future?		
Please note that recent studies have shown that GLP1 weight loss injections like Wegovy and Mounjaro may have an effect on oral contraceptives and oral HRT medication. **If you are are currently being prescribed these injections by a private clinic please discuss this with them.**	xxx	xxx

Practice use only			
Checked by	*Name*		*Date*
Prescription Issued	*3 Months*	*6 Months*	*12 Months*
Follow up	*Checklist only*	*Phone call*	*Face to face*