

Contraceptive Pill Repeat Prescription Request Form

You may apply for a repeat prescription of the same contraceptive pill if

- you are aged between 18 and 35
- you are currently taking one of the following contraceptive pills that has been prescribed by a GP at our practice:

PLEASE TICK THE PILL YOU ARE TAKING

<i>Combination pills</i>				<i>Progestogen-only pills</i>			
DIANETTE-you will need to see GP							
<input type="checkbox"/> BREVINOR	<input type="checkbox"/> GEDAREL	<input type="checkbox"/> RIGEVIDON (MICROGYNON)	<input type="checkbox"/> TRI-MINULET	<input type="checkbox"/> CERELLE / CERAZETTE (DESOGESTREL)			
<input type="checkbox"/> CILEST	<input type="checkbox"/> LOESTRIN	<input type="checkbox"/> MINULET	<input type="checkbox"/> TRINORDIOL	<input type="checkbox"/> MICRONOR			
<input type="checkbox"/> FEMODENE	<input type="checkbox"/> LOGYNON	<input type="checkbox"/> NORIMIN	<input type="checkbox"/> TRINOVUM	<input type="checkbox"/> MICROVAL			
<input type="checkbox"/> FEMODETTE	<input type="checkbox"/> MARVELON	<input type="checkbox"/> OVRANETTE	<input type="checkbox"/> LUCETTE (YASMIN)	<input type="checkbox"/> NORIDAY			
<input type="checkbox"/> FEMULEN	<input type="checkbox"/> MERCILON	<input type="checkbox"/> TRIADENE					

For your safety, to apply for a repeat prescription, you must have had your **blood pressure** and **weight** measured in the **past year**. We also need a measurement of your **height** in the **past 5 years**.

If your **blood pressure** and **weight** have been measured elsewhere, please enclose a signed note from the person taking the readings. If you have not had a recent **blood pressure** or **weight** check, please book an appointment with the clinical support team at the practice.

Blood Pressure	<input type="checkbox"/> done by the practice	<input type="checkbox"/> done elsewhere
Weight	<input type="checkbox"/> done by the practice	<input type="checkbox"/> done elsewhere
Height	<input type="checkbox"/> done by the practice	<input type="checkbox"/> done elsewhere

Smoking status: I have never smoked I currently smoke _____ per day
 I used to smoke _____ per day. Date I stopped smoking: _____

Smear test (if over 25, have you had a smear test in the past 3 years) YES NO

Have you received the family planning association leaflet concerning long acting forms of contraception? (If No we will enclose one with your prescription) YES
NO

Do you have:	YES	NO
Any problems with your general health	<input type="checkbox"/>	<input type="checkbox"/>
Any problems with using your contraceptive pill or side effects from the pill	<input type="checkbox"/>	<input type="checkbox"/>
Any health matters you wish to discuss with your GP or practice sister.	<input type="checkbox"/>	<input type="checkbox"/>
Migraine headaches, severe headaches or frequent headaches	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding between periods	<input type="checkbox"/>	<input type="checkbox"/>
Bleeding during or after sexual intercourse	<input type="checkbox"/>	<input type="checkbox"/>
Unusual discharge	<input type="checkbox"/>	<input type="checkbox"/>
Depression or depressed mood	<input type="checkbox"/>	<input type="checkbox"/>
History of thrombosis (blood clots in veins or lungs)	<input type="checkbox"/>	<input type="checkbox"/>

If the answer to any of the questions above is YES, please make an appointment with the practice sister.

There is an increased risk of blood clots if you take the combined oral contraceptive pill. The overall risk of having a blood clot is small. However, it does present a serious risk to some women. This risk is increased further if you smoke, travel on a long haul flight (more than 3 hours), trek at an altitude greater than 2500m, have recently had an operation, or are bed-bound for a long period.

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You should seek medical attention immediately if you experience any of the following symptoms

Are you experiencing any of these signs?	Possible cause?
Severe pain or swelling in either leg that may be accompanied by tenderness, warmth or changes in skin colour such as turning pale, red or blue	Deep vein thrombosis
Sudden unexplained breathlessness or rapid breathing; sudden cough without an obvious cause (which may bring up blood); severe chest pain which may increase with deep breathing	Pulmonary embolism
Chest pain, discomfort, pressure, heaviness, upper-body discomfort extending to the back, jaw, throat or arm; feeling of fullness, indigestion or choking; sweating, nausea, vomiting or dizziness	Heart attack
Weakness or numbness of the face, arm or leg, especially on one side of the body; trouble speaking, sudden confusion, or lack of understanding; sudden loss of vision or blurred vision; severe headache or migraine that is worse than normal	Stroke

Declaration

I understand that the contraceptive pill has certain risks attached to it, as outlined the patient leaflet previously provided with my pills, and that smoking increases these risks.

Name (block capitals and black ink please)	Date of birth
Address	
Signature	Today's date

- Please answer all the questions by ticking the relevant boxes, sign the signature box and **hand the form in at reception to be checked.** Alternatively you may send it to: *Contraceptive Repeats, The Crouch Oak Family practice, 45 Station Road, Addlestone, Surrey KT15 2BH.* However, please be aware that when your completed form is checked we may require you to come to the surgery for various checks, resulting in a delay to your prescription.
- Please allow two working days for your repeat prescription to be ready. If you wish to have your prescription posted to you, please enclose a stamped addressed envelope.
- Please note that no prescription will be issued unless all questions on the form have been answered, and all the requirements above have been met.

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Practice use only	Value	Date	Initials
Aged checked			
BMI (if over 30 must see GP)			
BP (if top no over 140 OR bottom no over 90 must see GP)			
Smear (age 25+)			

Prescription issued for 6/12 - Pills issued: 126 182 FPA leaflet enclosed Yes No