Repeat Contraception Request Form

Please complete and hand this into reception or access on the website under family health section and email it to burnbrae.medicalpractice@lanarkshire.scot.nhs.uk	Date | Time	

Please answer all the questions. You can attend the Pharmacy for a Blood Pressure and Weight check		
Name:	Date of birth:	Age:
Email		
ARE YOU UP TO DATE WITH SMEAR?:	Mobile number:	
Name of contraception:	Length of time on this method:	
Any late or missed pills?		
If yes, what date and how many days missed?		
Date of your last period:		
Have you been checked for sexually transmitted infections recently?		
Would you like a sexual health check?		
Do you smoke? If so, how many a day?		
Do you have any bleeding you consider to be abnormal with this method? If yes please explain:		
Do you have any bleeding after sex?		
Have you ever had headaches, particularly where you have a sense of visual changes, numbness, or tingling before the headache?		
Do you have any breast disease in your family, or have you had breast disease (including cancer)? Give details.		
Have you or anyone in your family ever had a blood clot (stroke or DVT)?		
Any new problems with this method. Any changes since your last check?		
Are there any other health problems you would like to talk about?		
Have you recently had a baby (last 6 months)?		
Are you breastfeeding?		
What is your current weight?		
What is your current blood pressure (please give date of reading).		