

Larne Family Practice Pill Review Proforma

The Practice reviews your pill every 12 months in order to continue prescribing it for you. We have introduced this template so that **you can fill in and leave back to reception** and we can continue to prescribe your pill without needing a face to face appointment.

If you would prefer to see a nurse or doctor then please book an appointment. Otherwise please complete the template below.

The completed template will be dealt with confidentially by a Doctor and recorded in your notes. Within **one week** of returning the template you will be issued a prescription for 12 months supply of your pill or asked to come in and see a Doctor.

Date: _____

Name: _____

Date of Birth: _____

Age: _____

Name of current pill: _____

Weight: _____

Height: _____

(for office use only: BMI= _____)

(These can be checked by our Admin team – please ask at Reception)

Blood Pressure (can be checked by 1 of our admin team or nurse): _____

Current smoker: yes/no If Yes, how many per day? _____

Family or Personal history of clots in lung or leg or stroke: yes/no

Have you experienced increased headaches since your last prescription: yes/no

Have you experienced any bleeding in between periods? yes/no

Family or personal history of breast cancer: yes/no

Personal history of migraines with visual (eye) symptoms: yes/no

Currently breastfeeding: yes/no

Would you like to consider a more long acting form of contraception such as an implant or coil? yes/no

Preferred contact number: _____

Any other comments: _____

Please make sure you have answered all questions as we cannot issue your prescription unless they are.

Thank You