

CONTRACEPTIVE PILL – CHECKLIST FOR REPEAT PRESCRIPTIONS

BACKGROUND

Currently patient are encouraged to make an appointment with the **Practice Nurse** for routine reviews for **Contraceptive Pills** (both combined and progestogen only types). These are often requested at short notice when **Practice Nurse** appointments are not available. Therefore appointments are made with **GPs** instead.

As Pill checks involve a straight forward review it has been agreed to introduce a check list that patients can complete with the expectation that most patients will be able to gain a repeat prescription for a further 6 months medication without requiring an appointment.

PROCESS

When a patient contacts the Surgery for a Pill check, **Reception** will ask them to download and complete a **checklist** from the **Practice Website**, or to collect a **checklist** from the Practice.

The **checklist** will include capturing information which may indicate any contraindication together with current weight and blood pressure.

The completed **checklist** will be initially checked by reception. If any of the possible contraindications in question 10 are ticked yes, then **Reception** will, as previously, book an appointment in preference with the **Practice Nurse**, but if she is not available with a **GP**.

Other **Reception** will pass the completed **checklist** to the **Practice Nurse** for checking and issuing a prescription. If the **Practice Nurse** is not available then the form will be passed to the **Practice Pharmacist**. If neither the **Practice Nurse** nor **Pharmacist** is available then the form will be passed to the **Duty GP**.

Once the process is completed the **checklist** will be scanned into the patient's record.

Partners

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**Contraceptive Pill Checklist for Repeat Prescription
(for patients between the age of 16 and 45)**

We are improving how patients can order repeat prescriptions for contraceptive pills. Please answer the questions below, and if there are no problems we will issue a prescription for six months within 2 working days. Please answer the questions accurately to ensure we can provide the contraceptive pill safely.

1) Your name:

2) Your Date of Birth:

3) Today's Date:

4) Contact number (for any query):

5) When do you need your contraception by?

6) Which pill are you taking?

7) Do you smoke? Pipe Cigarettes Cigars No. If yes, how many:

8) What is your weight?

If unsure please use scales in surgery corridor

9) What is your blood pressure/.....

Please use blood pressure machine in reception area, or at home.

10) Since your last prescription have you:

Experienced any problem with your pill? Yes No

Suffered from a blood clot or thrombosis? Yes No

Developed migraine? Yes No

Been diagnosed with diabetes? Yes No

Been diagnosed with hypertension (raised blood pressure)? Yes No

Been diagnosed with cancer? Yes No

Had any unexpected vaginal bleeding between periods or after sex? Yes No

If you answered 'yes' to any of these, please make an appointment.

11) To which chemist should we send the prescription?

For admin use:

Date of last Cervical Smear:/...../..... BMI:

NB If age >35 and smoker will need review

Checked by: Date:/...../.....

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