

## Repeat prescription for combined pill

Thank you for completing this form. Once completed, please scan and email the form to **buctr.bhtbshaw@nhs.net**. This form will allow a clinician to re-issue your prescription for the combined pill if safe to without you having to come in for an appointment. Please note that we are unable to issue a repeat prescription without up to date blood pressure and weight measurements. If you have any questions please ring 0300 303 2880. Please allow up to 7 working days to receive your prescription.

### PERSONAL DETAILS

Full Name		Date of birth	
Address		Mobile number	
		Home number	
Postcode		E-mail address	
Height	Feet/inches or cm	Weight	Stones/lbs or kg
Blood Pressure		Date blood pressure taken	

### ABOUT YOUR COMBINED PILL

**What is the name of your combined pill?**

Have you had any problems or concerns with your pill?	Yes / No
Have you been on this pill for more than a year?	Yes / No
Any missed or late pills?	Yes / No
Are you experiencing any unwanted side effects?	Yes / No
Have you had any irregular bleeding?	Yes / No
Please confirm that you have no new concerns about this pill (if you have any concerns please ring 0300 303 2880 to discuss)	No concerns / I have concerns
I confirm that I know what to do if I miss a pill	Yes / No

### MEDICAL HISTORY

If you answer **yes** to any of the following questions, we may contact you to discuss further.

Are you taking any medication that you have been prescribed or bought? If yes, please list:	Yes / No
Do you have any drug allergies (including peanut and soya allergies)? If yes, please list:	Yes / No
Have you ever had, or do you currently have, any of the following conditions? <ul style="list-style-type: none"> <li>• high blood pressure</li> <li>• diabetes</li> <li>• breast disease</li> <li>• cancer of any type</li> <li>• blood clots (DVT: deep vein thrombosis or PE: pulmonary embolism)</li> <li>• stroke (or TIA)</li> <li>• heart disease</li> <li>• liver disease, jaundice or gallstones</li> <li>• high cholesterol</li> <li>• antiphospholipid antibodies</li> <li>• malabsorption syndromes</li> <li>• gastrointestinal surgery</li> <li>• restricted mobility</li> <li>• recent major surgery</li> <li>• blood clotting disorder</li> </ul>	Yes / No
Have you ever been advised not to take oestrogen containing medication?	Yes / No

Have you recently had a baby (within the last 6 months)?			Yes / No
Are you breast feeding?			Yes / No
Have you ever had a migraine?			Yes / No
Have you had, or do you have, any other serious illnesses or operations? If yes, please list:			Yes / No
Has anyone in your close family (mother, father or siblings) had breast cancer, a heart attack, stroke or thrombosis? If yes, how old were they, and do these conditions run in your family?			Yes / No
Do you smoke? <small>(please tick 1 box only)</small>	Current Smoker	Ex-Smoker	Never Smoked

Remember that the contraceptive pill does NOT protect against sexually transmitted infections (STIs), so you may need to use condoms as well. If you have had a new sexual partner since your last pill prescription, or if you have any symptoms, we recommend that you have a full STI screen. Please ring 0300 303 2880 to book.

There are long acting methods of contraception available <https://tinyurl.com/bshaw-larc>, if you would like to discuss further please ring 0300 303 2880.

If you have concerns about your combined pill at any time, please ring 0300 303 2880.

Further information on the combined pill: <https://tinyurl.com/bshaw-cocp>

<b>I confirm that the information provided is accurate to the best of my knowledge</b> <input type="checkbox"/>	
Signature of patient:	Date:
<b>For clinic use:</b> <b>Issue repeat prescription for 3 months</b> <input type="checkbox"/> <b>or 6 months</b> <input type="checkbox"/> <b>Needs telephone consult</b> <input type="checkbox"/>	Signed: ..... Date: .....

Please visit [www.sexualhealthbucks.nhs.uk](http://www.sexualhealthbucks.nhs.uk) for clinic opening times at Aylesbury and Wycombe.

**Brookside Centre.** Station Way East, AYLESBURY. HP20 2SR. 0300 303 2880

**SHAW clinic.** Wycombe Hospital, Queen Alexandra Road. HIGH WYCOMBE. HP11 2TT. 0300 303 2880

