**Annual Contraceptive Review**

Full Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_ Contact Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_

What is your most recent blood pressure? Date taken

**Blood pressure needs to be checked every 12 months while on contraception. Home readings are acceptable or you can make an appointment with the healthcare assistant at the surgery or your local pharmacy**

Height (in cm)? Weight (in kg)?

Do you smoke?: Yes ⃝ per week No ⃝

How much alcohol do you consume per week?

What is the name of the contraceptive you are using?

Have you notice any side effects? Yes ⃝ No ⃝

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you forgotten to take/use your contraceptive more than once in the last 6 months? Yes ⃝ No ⃝

Are you taking any medication (including herbal remedies) or have you recently finished a course of any medication? Yes ⃝ (please list) No ⃝

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you ever get severe headaches or migraines? Yes ⃝ No ⃝

If yes do you get any visual disturbances/flashing lights? Yes ⃝ No ⃝

Any abnormal vaginal bleeding? Yes ⃝ No ⃝

Have you ever had a heart problem, Stroke or high cholesterol? Yes ⃝ No ⃝

Have you ever had problems with your kidneys or liver? Yes ⃝ No ⃝

Do you have any complications from diabetes? Yes ⃝ No ⃝

Have you ever had any form of cancer? Yes ⃝ No ⃝

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you or anyone in your family ever had blood clots (e.g. DVT or PE) or a clotting disorder? Yes ⃝ No ⃝

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a known carrier of the BRACA gene or have any undiagnosed breast lumps?

Yes ⃝ No ⃝

Have you every suffered from high blood pressure, including during a pregnancy?

Yes ⃝ No ⃝

Are you pregnant or trying to become pregnant? Yes ⃝ No ⃝

Have you given birth in the last 6 weeks? Yes ⃝ No ⃝

Are you currently breastfeeding? Yes ⃝ , how long for No ⃝

Do you have any other health conditions or symptoms (including recent surgery)?

Yes ⃝ No ⃝

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently using weight loss injections? Yes ⃝ No ⃝

If yes, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be interested in considering long acting contraception, such as an implant, coil or injection?

Yes ⃝ (please make a GP appointment to discuss this) No ⃝

Contraceptive pills prevent pregnancy but not sexually transmitted infections. If you think you may be at risk of sexually transmitted infection, please make an appointment with a local sexual health clinic or a GP.

Further information about contraception can be viewed online at [www.fpa.org.uk](http://www.fpa.org.uk) (The Family Planning Association).

**Weight Loss injection disclaimer**

We are aware that many patients are choosing to access Mounjaro and Wegovy privately. Such prescriptions remain the responsibility of the prescriber but we would like to raise awareness of new guidance recently release by the Faculty of Sexual & Reproductive Healthcare (FSRH).

There is very little data available of the impact of weight loss injections (GLP-1 agonists) on oral contraception. GLP-1 agonist delay gastric emptying and therefore may reduce the absorption of oral contraception.

At present, only Mounjaro has been showed to reduce contraception efficacy. However, given that all GLP-1 agonists delay gastric emptying we are advising all women using weight loss injections be switched to a non-oral form of contraception. There are various different forms available; patches, injection, implants or interuterine device.

If you do not wish to switch your form of contraception then condoms should be used for a minimum of 4 weeks after initiation of the injection and again for a minimum of four weeks after each dose increase to prevent unwanted pregnancy.

Those using oral contraception that experience vomiting or severe diarrhoea as a side-effect should follow the missed pills guidance in the pill packet and use extra protection such as condoms.

**If you would like further information or to discuss alternative contraception, please contact the practice to make an appointment**

**By signing below, I acknowledge that I have read and understand the above disclaimer regarding using weight loss injection while on the contraceptive pill.**

Signature: Date: