

**PARK GRANGE MEDICAL CENTRE**  
**141 Woodhead Road**  
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### Questionnaire for Patients on Contraceptive Pill

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

**1. Personal Medical History:** Has anything changed, in particular, do you have, or have you ever had (please tick):

	Yes	No		Yes	No	<b><u>Other/comments:</u></b>
Migraine			High Blood Pressure			
DVT (Blood clot in the leg)			Epilepsy			
PE (Blood clot in the lung)			Heart Disease			
Breast Cancer			Stroke			
Irregular periods			Vaginal bleeding after sex			

**2. Family History:** Has anything changed in your family history? In particular (please tick):

	Yes	No		Yes	No	<b><u>Other/comments:</u></b>
Breast Cancer			High Blood Pressure			
DVT (Blood clot in the leg)			Factor V Leiden			
PE (Blood clot in the lung)			Heart Disease			
Blood clotting problems			Stroke			

**3. Lifestyle,** please tick:

	Yes	No	
Do you smoke?			If yes, how many a day? ____ What year did you start? ____
Do you drink alcohol?			If yes, how many units a week? ____

**4. Examination.** You can measure your blood pressure, height and weight using our self-assessment room. Alternatively, make an appointment with our healthcare assistants (HCAs)

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_ Pulse: \_\_\_\_\_

**5. Disclaimer:** I agree that all the information above is correct. Sign: \_\_\_\_\_ Date: \_\_\_\_\_

**What happens now?** The form will be given to a GP who will check it & issue your medication

Are you aware that you can get emergency contraception from local pharmacies and Locala?  
For all your sexual health requirements, including a free chlamydia screen, please contact Locala  
(0303 330 9500, <https://www.locala.org.uk/services/sexual-health/sexual-health-clinic-times/>)

**FOR OFFICE USE ONLY:**

Handed out LARC information sheet ☐ Details added to screen ☐ Copy given to scanning ☐