

# Larne Family Practice

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## Pill 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: \_\_\_\_\_

Name of current pill: \_\_\_\_\_

Weight: \_\_\_\_\_

Height: \_\_\_\_\_

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**