

RENEWAL OF CONTRACEPTION FOR PILLS/PATCH/RING BY REMOTE CONSULT

Are you over 16 years old?

What is your Current method of contraception?

Are you happy with this current method of contraception?

Are you aware that these methods do not protect against sexually transmitted infection?

Do you take any other medication/  
either prescribed or over the counter .....

Do you have any history of medical problems such as migraine, clotting problems, high blood pressure.....

Have you had any significant illness since last reviewed?.....

Is there a history of serious illness or cancer in your family?

If yes, please specify.....

Do you :

- Smoke, if so how much per day
- Drink alcohol, if so how much per week
- Take recreational drugs, if so what

Is your HPV (formerly known as a smear test) up to date?

Would you like to arrange sexual health screening

Do you feel safe in your home

What is your current height.....

What is your current weight.....

Have you had a blood pressure check in the last 12 months ?

Please insert reading(s) here

I have read and accept the terms and conditions regarding remote consultation on the CARLTON

CLINIC website and wish to proceed with a remote consultation with DR.....