

NEW CONTRACEPTIVE METHOD FOLLOW UP

Patient Name: _____ Date: _____ Age: _____ DOB: _____

Wt. _____ B/P _____ LMP _____ Date new method began _____

Pill Name of Pill: _____

Depo Provera Ortho Evra Patch Nuva Ring Implanon IUD Other _____

Please check if you have had any of the following:

- | | |
|---|---|
| <input type="checkbox"/> Nausea (sick to your stomach) | <input type="checkbox"/> Spotting or bleeding between periods |
| <input type="checkbox"/> Sudden or severe headaches | <input type="checkbox"/> Unusual vaginal discharge |
| <input type="checkbox"/> Unexplained dizziness | <input type="checkbox"/> Fluid retention (swelling of ankles, wrists, or fingers) |
| <input type="checkbox"/> Vision or speech problems | <input type="checkbox"/> Weight gain |
| <input type="checkbox"/> Chest pain or trouble breathing | <input type="checkbox"/> Trouble with contacts |
| <input type="checkbox"/> Pain, weakness, or numbness in arms or legs | <input type="checkbox"/> Breast lump/Pain |
| <input type="checkbox"/> Lump, swelling, pain, or redness in legs | <input type="checkbox"/> Skin changes or discolorations |
| <input type="checkbox"/> Depression or irritability | <input type="checkbox"/> Abdominal pain or jaundice (yellow skin) |
| <input type="checkbox"/> Recent Diagnosis of a sexually transmitted infection | |

1. Have you had any changes in your menstrual bleeding pattern? _____ If yes, describe _____

2. Have you had any symptoms of early pregnancy (ie: Breast Tenderness, Nausea & Vomiting, mood changes, missed period):
Yes No If yes, describe _____

3. Are there any other problems, concerns, or questions you would like to discuss?

4. What would you do if you missed your pill or shot or forgot a new patch or ring? _____

5. What would you do if you missed 2 or more pills in a row? _____

Always tell your Health Care Provider you are on Birth Control when they prescribes antibiotics. Use a back-up method (foam and/or condoms) along with your pills/patch/ring method.

Patient Signature _____ Date _____

Comments:

Staff Signature _____ Date _____