**PLEASE COMPLETE ALL QUESTIONS INCOMPLETE FORMS WILL NOT BE PROCESSED**

|  |  |  |  |
| --- | --- | --- | --- |
| Full name |  | Date of birth |  |
| Contact number |  | Consent to SMS | YES/NO |
| **This form is to request the contraceptive injection Sayana Press only for patients age 18 to 50** |
| **How long have you got left of your current prescription?****(please allow 4 weeks for your form to be reviewed and a prescription to be issued. More urgent requests should also be completed on this form but we cannot guarantee a quick turnaround.** |

**Please take two blood pressure readings at least 5 minutes apart (mandatory information):**

|  |  |
| --- | --- |
|  Date | BP Reading (e.g. 120/80) |
| 1. |  |  |
| 2. |  |  |

**Please provide your current height and weight (mandatory information):**

|  |  |  |  |
| --- | --- | --- | --- |
| Weight |  **kg** | Height |  **cm** |

**Please record your smoking status (mandatory information):**

|  |  |  |  |
| --- | --- | --- | --- |
| Never smoked |  | Ex-smoker |  |
| Smoker |  | What + how much? |  |

If you are interested in support to help you to stop smoking please contact the Smokestop Service: [www.livewelldorset.co.uk](http://www.livewelldorset.co.uk) or call 0800 840 1628

**General Health Questions (mandatory information):**

|  |
| --- |
| Any current problems or concerns with your contraceptive injection? If yes, please explain |
| Do you understand that you need an injection every 13 weeks? | **YES/NO** |
| Do you have any concerns about your injection site? E.g. pain / lumps / skin issues | **YES/NO** |
| Do you have any loss of fat tissue at your injection site? | **YES/NO** |
| Are you still confident to self-administer your injection? | **YES/NO** |
| If no, would you like re-training from a clinician? | **YES/NO** |
| Do you still have a sharps bin for safe needle disposal? | **YES/NO** |
| Has there been anyone in your family with a history of blood clot or deep vein thrombosis? | **YES/NO** |
| Do you understand it may take up to 12 months for regular periods and fertility to return to normal after stopping Sayana Press? | **YES/NO** |
| Do you have problems with periods such as: Too heavy? **YES/NO**  Bleeding between periods? **YES/NO** |
|  Bleeding after intercourse? **YES/NO** |
| More information on Sayana Press can be found at: [Injection | Contraception Choices](https://www.contraceptionchoices.org/FRSH_CC/Contraception-Methods/Injection.aspx)The patient information leaflet and injection technique can be found at: [SAYANA Package leaflet](https://www.medicines.org.uk/emc/files/pil.3148.pdf)A video on how to inject Sayana Press can be found at: [How to Inject Sayana Press](https://www.youtube.com/watch?v=hi2o-mlQJjc) |

If you are planning a pregnancy in future, please see the attached link about folic acid supplements and purchase a supply from your local chemist to start before you stop your contraceptive*:* [Pregnancy, breastfeeding and fertility while taking folic acid - NHS](https://www.nhs.uk/medicines/folic-acid/pregnancy-breastfeeding-and-fertility-while-taking-folic-acid/)