Birth Control Start Sheet

(to facilitate contraceptive counseling)

Name:
DOB:
Band No.
File No.

History / Chart Review

Contraindications to oral contraception (OC)

Y☐ N☐ - Previous DVT, PE or stroke

Y☐ N☐ - Heart disease: ischemic or complicated valvular

Y☐ N☐ - Known or suspected breast cancer

Y☐ N☐ - Liver disease

Y☐ N☐ - Pregnancy (?may cause fetal urinary tract anomalies)

Y☐ N☐ - Undiagnosed abnormal uterine bleeding

Y☐ N☐ - Smoker >35 yrs old, >15 cigs/day

Y☐ N☐ - Uncontrolled hypertension (>160/100)

Precautions (check box if patient has…)

☐ Migraines
- avoid OCs if classic [focal neuro symptoms, aura], age >35 (increased stroke risk)

☐ Hypertension
- may use if BP well-controlled and no other CV risk factors

☐ Diabetes
- low dose OCs unlikely to affect glucose control but estrogen may complicate vascular disease

☐ Epilepsy
- some anticonvulsants decrease efficacy of OCs – use backup method

☐ Symptomatic gallbladder disease
- may be exacerbated

☐ Light (<15/day) smokers over 35yrs old
- can use 20ugEE product (eg. Alesse, Minestrin) but still inc risk of MI, stroke

☐ Lupus (SLE)
- may worsen vascular disease

☐ Inflammatory bowel disease (IBD)
- active diarrhea may reduce absorption of OCs and require backup method

Physical Exam

*BP: HR:

Abnormalities on pelvic exam:
(breast exam):

Patient Education (check box if done)

~ using contraception comparison chart

☐ birth control methods
☐ side effects
☐ risks
☐ how to start
☐ compliance issues discussed
☐ explore abuse issues prn
☐ STIs and importance of condoms discussed

Tests

- Pap smear ☐ done today
  ☐ last result:
  date:
  ☐ hx abnormal Paps
  (note: Paps to start 3 yrs after onset of sexual activity)
- swabs ☐ neg ☐pos for:_____
  ☐ pending
- Hx of STD: ☐ yes ☐ no
- *pregnancy test ☐ pos ☐ neg

RN comments:

☐ patient refuses contraception
☐ patient unsure
☐ patient chooses:
☐ OCP ☐ Depo ☐ Evra patch ☐ NuvaRing
☐ Mirena ☐ condoms ☐ other:

Name: Date:

MD comments/orders:

☐ OK to start chosen method
☐ other:

☐ f/u 3 months re: BP, side effects, etc

Name: Date:

*most important to do before prescribing birth control