BIRTH CONTROL SCREENING FORM

Name:	**Date of Birth:** _____/_____/_____	**Today's Date:** _____/_____/_____
Email:	**Phone:**	
Primary Care Provider (PCP) Name:	**Primary Care Provider (PCP) Phone Number:**	

Would you like us to send a summary of your visit to your primary care provider? ❒ Yes ❒ No ❒ I don't have a provider

When was your last reproductive health visit? _____/_____/_____

Birth Control History

Are you currently using birth control? ❒ Yes ❒ No

If YES, list your current birth control:

What birth control methods would you like to discuss at this visit?
❒ Pills ❒ Patch ❒ Ring ❒ Shot ❒ Emergency contraception ❒ Other(s):_____

Health History

Do you think you might be **pregnant** now?	❒ Yes	❒ No
Has a doctor ever told you **not to take birth control containing hormones?**	❒ Yes	❒ No
Are you currently **breastfeeding**?	❒ Yes	❒ No
Do you smoke **cigarettes** or **vape nicotine**?	❒ Yes	❒ No
Will you be **immobile** for a long period (e.g. planned leg surgery, long-distance travel with limited movement)?	❒ Yes	❒ No
Have you had **bariatric surgery (weight loss) surgery**, including stomach reduction?	❒ Yes	❒ No

Do you have (or have you ever had) the following conditions?

❒ Unexplained vaginal bleeding
❒ Diabetes
❒ High blood pressure
❒ High cholesterol
❒ Heart disease or heart attack
❒ Stroke
❒ Blood clot
❒ Migraines
❒ Breast cancer
❒ Solid organ transplant
❒ Gall bladder disease
❒ Lupus
❒ Rheumatoid arthritis
❒ Blood disorders
❒ Seizures
❒ Tuberculosis (TB)
❒ HIV
❒ Hepatits
❒ Liver disease
❒ Chronic Kidney Disease (CKD)
❒ Sickle Cell
❒ Superficial venous disorders (other than varicose veins)
❒ Inflammatory Bowel Disease (IBD) - Crohn's or Ulcerative Colitis
❒ None of the above

Which of the following medications are you currently taking?

❒ Fosamprenavir
❒ Lamotrigine
❒ Rifampin or Rifabutin
❒ Phenytoin, carbamazepine, barbiturates, primidone, topiramate, or oxcarbazepine
❒ None of the above

Do you have any medication allergies? ❒ **Yes** ❒ **No**
If YES, list your medication allergies: _____

Signature:_____ **Date:**_____/_____/_____