

Please review the above history, dated _____

Have there been any changes in these items?
 _____ Yes _____ No

If yes, which items have changed?

Clinician use only: Please address each change & document below:

Patient Signature _____ Date _____

Clinician Signature _____ Date _____

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SPECIAL CONDITIONS: Requires MD approval or referral

- Combined Oral Contraceptives:**
- Adverse heart risks (over age 35, smoking, high cholesterol, diabetes, high blood pressure)
 - Cholesterol > 240mg/dl, LDL > 160mg/dl
 - Diabetes without vascular disease
 - Controlled hypertension
 - Active gallbladder disease (excludes cholecystectomy) or past cholestasis
 - Using medications that decrease effectiveness (i.e., seizure, HIV, griseofulvin, or TB drugs)
 - Migraine headache (further screening needed)
 - Yasmin: chronic diseases/meds that increase potassium levels, NSAIDS, cardiac meds

- Evra:**
- Any of the oral contraceptive conditions
 - Body weight ≥ 198 lbs

- NuvaRing:**
- Any of the oral contraceptive conditions
 - Pelvic conditions such as cystocele, rectocele, uterine prolapse
 - Severe constipation

- Implanon:**
- Any of the depo-provera conditions
 - Using medications that decrease effectiveness (i.e., seizure, HIV, griseofulvin, or TB drugs)
 - Weight greater than 130% ideal body weight
 - Desire for pregnancy in next 12 months
 - Hx of thromboembolic disorders

- Depo-Provera/ Minipill:**
- Severe depression
 - Benign or malignant tumor of the liver
 - Current severe liver disease
 - Current anticoagulant treatment of DVT/PE
 - Known osteoporosis or risk factors for it
 - B/P ≥ 160/100 (may give one injection + referral)

- POPs:**
- Using medications that decrease effectiveness (see OC conditions)
 - Ovarian cysts that required surgery
 - Current DVT/PE
 - Developed migraine with aura, stroke, or heart disease while using method