

Hormonal Contraceptive Screening Questionnaire

Health & Wellness Centre,
SL 270, Student Centre, UTSC

Please answer the following questions to guide which method is right for you.

What is the reason you are requesting a prescription for hormonal birth control?

☐ birth control ☐ acne treatment ☐ cycle control ☐ other

Have you ever been sexually active?

☐ yes ☐ no If yes for how long:

Have you ever had a pap test?

☐ yes ☐ no date: results:

What do you currently do to prevent pregnancy? Describe:

Have you previously used hormonal contraception?

☐ yes ☐ no which one: When did you last use this method?

Do you have any allergies?

☐ yes ☐ no If yes, please list:

Are you taking any medications or herbal remedies?

☐ yes ☐ no If yes, please list:

Do you use any tobacco?

☐ yes ☐ no marijuana: ☐ yes ☐ no amount _____ ☐ per day ☐ or ☐ per week

Do you have/ever had any mental health concerns or diagnosis?

☐ yes ☐ no describe:

When was the first day of your last menstrual period?

Are you concerned you may be pregnant?

☐ yes ☐ no

Do you, your parents, grandparents or siblings have or ever had any of the following health issues?

Blood clots in the legs/lungs/eyes or elsewhere:

☐ yes ☐ no describe:

Stroke:

☐ yes ☐ no describe:

At what age did this occur:

Heart Attack or coronary disease:

☐ yes ☐ no describe:

Cancer of the breast or sex organs:

☐ yes ☐ no describe:

Unusual vaginal bleeding:

☐ yes ☐ no describe:

Liver disease/jaundice or tumours:

☐ yes ☐ no describe:

Partial or complete loss of vision caused by disease:

☐ yes ☐ no describe:

Migraine headaches (with or without aura?):

☐ yes ☐ no describe:

Diabetes: ☐ yes ☐ no Age when diagnosed and type:

High blood pressure: ☐ yes ☐ no describe:

Fibroids: ☐ yes ☐ no describe:

Which method of hormonal contraception do think you would like to start?

☐ pill ☐ patch ☐ ring ☐ intrauterine system /device ☐ undecided

Please go to <http://www.sexualityandu.ca/birth-control> and review methods

I certify that I have completed this questionnaire to the best of my knowledge

Student NAME

Student NUMBER

Signature

Date