Sexual and Reproductive Health

Assessment tool

Clear Form

Patient Information		
Name:	Height:	Blood pressure:
Age:	Weight:	
Date of birth:	Body mass index (BMI):	

Medical History		
1. Have you ever been diagnosed with breast cancer?	◯ Yes ◯ No	Refer if yes
2. Have you ever had a stroke or problems with your heart?	◯ Yes ◯ No	
3. Have you ever had a blood clot in your leg or lungs?	◯ Yes ◯ No	
4. Do you have a bleeding disorder?	◯ Yes ◯ No	
5. Do you have any of the following conditions? Check all that apply: ☐ Migraine with aura (numbness, tingling, weakness, visual changes before or during the migraine) ☐ Liver problems ☐ High blood pressure ≥140/90 mmHg ☐ Lupus ☐ Diabetes with microvascular complications ☐ Uncontrolled high blood pressure (systolic BP >160mmHg or diastolic BP >100 mmHg) ☐ Undiagnosed abnormal vaginal uterine bleeding		Refer if applicable
6. Have you ever had weight-loss surgery?	◯ Yes ◯ No	

Menstrual History	
7. When was the first day of your last menstrual period?	dd/mm/yyyy
8. How would you describe your periods?	◯ Regular ◯ Irregular
9. If your periods are irregular, what is the longest you have ever gone without a period?	
10. What is the average number of days that your period lasts for?	
11. How would you describe your period flow?	◯ Heavy ◯ Normal ◯ Light

Social History

Consider other options apart from combined oral contraceptives if patient is >35 years of age and smokes ≥15 cigarettes per day.

12. Do you currently smoke cigarettes?	◯ Yes ◯ No
13. How many cigarettes do you smoke daily?	◯ <15 ◯ ≥15

Possibility of Pregnancy and Breastfeeding

It is best practice to use progestin-only options while breastfeeding, as estrogen can decrease the amount of milk produced.

14. Have you given birth in the past 42 days?	◯ Yes ◯ No	After birth, if there are no other risks, progestin-only options are safe.
15. Are you currently breastfeeding?	◯ Yes ◯ No	If breastfeeding, a 6-week wait is necessary before prescribing any of the combined oral contraceptives.

Canadian Pharmacists Association / Association des pharmaciens du Canada
Health Canada / Santé Canada
CART-GRAC Contraception and Abortion Research Team / Groupe de recherche sur l'avortement et la contraception
THE CART ACCESS PROJECT

Future Pregnancy Intention		
16. When do you want to be pregnant, if ever?	◯ <1 year ◯ 1–2 years ◯ 3–4 years ◯ 5–10 years ◯ Never	
17. How important is it for you not to get pregnant until then?	◯ Very important ◯ Important ◯ Unimportant	
Birth Control Experiences and Preferences *If an IUD, IUS or implant is the preferred and appropriate option, refer to health-care provider.*		
18. Have you ever used birth control in the past?	◯ Yes ◯ No	
19. If yes, which options have you used? Check all that apply: ☐ Combined oral pill ☐ Condoms ☐ Emergency contraception ☐ Implant ☐ Injection ☐ IUD/IUS ☐ Patch ☐ Progestin-only pill ☐ Vaginal ring		
20. Have you had side effects from using contraceptives?	◯ Yes ◯ No	
21. If yes, what side effect(s) did you experience?		
22. Are you currently using a contraceptive option?	◯ Yes ◯ No	
23. If yes, list the method you use:		
24. What is/are your preferred method(s)?		
Drug Interactions		
25. Do you take seizure medications?	◯ Yes ◯ No	If yes, list the medication(s) that you take:
26. Do you take medications to treat tuberculosis?	◯ Yes ◯ No	
27. Do you take medications to treat fungal infections?	◯ Yes ◯ No	
28. Do you take medications for human immunodeficiency virus (HIV)?	◯ Yes ◯ No	
Adherence		
29. Which strategy might you find helpful to improve adherence?	◯ Alarm or reminders on your phone ◯ Pairing the timing of birth control with a daily/weekly ritual (e.g., after brushing teeth)	
Additional Comments		