

Do NOT use method
Possible method

MEDICAL CONTRA INDICATIONS	Condoms	ECP	COC	POP	Injection	Implant	IUD - Hormonal	IUD - Copper	Sterilization
	BP >140/90								
	BP >160/100								
	Blood clots (DVT or PE)								
	Breast cancer								
	Current genital tract infection								
	Diabetes > 20 years								
	Heart disease or stroke								
	Liver disease, severe								
	Migraine headache with aura								
	Pelvic tuberculosis								
	Postpartum < 6 weeks								
Smoking and age > 35 years									
Taking rifampicin or rifabutin									
Taking seizure medication									

BP = Blood Pressure
COC = Combined Oral Contraceptive
ECP = Emergency Contraceptive Pills
DVT = Deep Vein Thrombosis

IUD = IntraUterine Device
PE = Pulmonary Embolus
POP = Progesterone Only Pills

Other remarks / Procedure note

CONTRACEPTIVE CARE HEALTH FILE



Name		Address	
Sex	<input type="checkbox"/> female <input type="checkbox"/> male		
Age		Date	File #
MEDICAL AND SEXUAL HISTORY			
General health		Allergies to medication (Yes/No)	
Gravida:	Para:	Abortion:	Living children:
Date of last menstrual period (LMP) (or delivery or abortion if more recent):			
Sexual history			
MEDICAL PARAMETERS			
BP: ____/____	Weight: ____ kg	Pregnancy test: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Not done	
PREGNANCY STATUS			
		YES	NO
Did your last menstrual period start within the past 7 days?			
Have you had an abortion or miscarriage in the past 7 days?			
Have you given birth in the past 4 weeks?			
Have you been using a reliable contraceptive method consistently and correctly?			
Have you abstained from sex since your last menstrual period, abortion or delivery?			
If she answers YES to at least ONE of these questions, then it is reasonably certain that she is NOT pregnant, and she can start a contraceptive method today.			
If she answers NO to ALL questions, the pregnancy status is unknown. However, if she wants, she may still start a method today after being counseled about chance of early pregnancy (see Quick Start Algorithms).			
Based on the above, patient is likely: <input type="checkbox"/> NOT PREGNANT <input type="checkbox"/> UNKNOWN - Counseling done			
SELECTION OF CONTRACEPTIVE METHOD			
The person has chosen the following method(s):			
Does the person have any known contraindications to this method (see back of card)? <input type="checkbox"/> YES <input type="checkbox"/> NO			
The person has been counseled on how to use the method safely and effectively, the risks and benefits and possible side effects: <input type="checkbox"/> YES <input type="checkbox"/> NO			
The person gives their oral, voluntary, and informed consent to start method today: <input type="checkbox"/> YES <input type="checkbox"/> NO			
Method(s) provided today:			
+ Condoms given?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
+ Emergency contraception given?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

