Carroll County Health Department
Reproductive Health Services
New Birth Control History Form

You have said you would like to start a prescription birth control. So that we can give you the best care possible, please answer the following questions as soon as possible. You answers will be kept confidential. You can email the form to cchd.reprohealth@maryland.gov

First and Last Name: _____

Date of Birth: _____ Date you completed this form: _____

1. Are you currently pregnant or might be pregnant? NO ☐ YES ☐
2. Are you currently breastfeeding? NO ☐ YES ☐
3. Have you given birth in the last 6 weeks? NO ☐ YES ☐
4. Do you plan to become pregnant in the next year? NO ☐ YES ☐
5. Do you smoke cigarettes? NO ☐ YES ☐
6. Are you over the age of 35? NO ☐ YES ☐
7. Have you ever been told you have cancer? NO ☐ YES ☐

   If yes, what type of cancer? _____
8. Have you ever had a stroke, blood clot in your legs or lungs, or a heart attack? NO ☐ YES ☐
9. Have you ever been told that you have high blood pressure (hypertension)? NO ☐ YES ☐
10. Have you ever been told that you have high blood sugar (diabetes)? NO ☐ YES ☐
11. Do you have severe headaches, often on one side, with changes in your vision or that are made worse with light, noise or movement? NO ☐ YES ☐
12. Do you have gallbladder disease, liver disease, hepatitis, or jaundice (yellowing of the skin or eyes)? NO ☐ YES ☐
13. Have you ever been told that you have a rheumatic or autoimmune disease such as lupus? NO ☐ YES ☐
14. Do you have any unexplained vaginal bleeding? NO ☐ YES ☐

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If you answered YES to any of the above questions, please explain:

Please let us know which methods you are interested in:

Pills ☐ Interested ☐ Have more questions ☐ Don't want

Patch ☐ Interested ☐ Have more questions ☐ Don't want

Vaginal ring ☐ Interested ☐ Have more questions ☐ Don't want

Monthly injection (shot) ☐ Interested ☐ Have more questions ☐ Don't want

IUD (with or without hormones) ☐ Interested ☐ Have more questions ☐ Don't want

Arm Implant ☐ Interested ☐ Have more questions ☐ Don't want