



# Contraception Care Plan

\* This Care Plan does not replace the Well Person Check.  
\* Refer to Additional Clinical Protocols for advice on clients less than 16 years of age.

<b>Name</b>		<b>Health Centre</b>
<b>Date of Birth</b>	<b>HRN</b>	<b>Medicare Number</b>
Previous contraception use:		
Date initially commenced:		

**Promote Breast Awareness & Well Women's Check every 2 years.**

<b>VISIT 1</b>	<b>Date</b>	<b>History:</b> menstrual pattern, STI's, changes in relationship, contraceptive side effects, other problems / issues.	<b>Last Women's Check</b>
	<b>BP</b>		<b>Last STI Screen</b>
	<b>Weight</b>	<b>Comments and advice:</b>	Result
	<b>BGL</b>		Follow -up
	<b>U/A</b>		<b>Contraception Choice</b>
	<b>β-hCG</b>		<b>Date Next Review</b>
		<b>Name / Designation</b>	
		<b>Signed</b>	

**Promote Breast Awareness & Well Women's Check every 2 years.**

<b>VISIT 2</b>	<b>Date</b>	<b>History:</b> menstrual pattern, STI's, changes in relationship, contraceptive side effects, other problems / issues.	<b>Last Women's Check</b>
	<b>BP</b>		<b>Last STI Screen</b>
	<b>Weight</b>	<b>Comments and advice:</b>	Result
	<b>BGL</b>		Follow -up
	<b>U/A</b>		<b>Contraception Choice</b>
	<b>β-hCG</b>		<b>Date Next Review</b>
		<b>Name / Designation</b>	
		<b>Signed</b>	

# VISIT 3

Date	<b>History:</b> menstrual pattern, STI's, changes in relationship, contraceptive side effects, other problems / issues.	<b>Last Women's Check</b>					
			BP	<b>Last STI Screen</b> Result			
			Weight		<b>Comments and advice:</b>		
			BGL			Follow -up	
			U/A				<b>Contraception Choice</b>
			$\beta$ -hCG				
	<b>Name / Designation</b>						
		<b>Signed</b>					

**Promote Breast Awareness & Well Women's Check every 2 years.**

# VISIT 4

Date	<b>History:</b> menstrual pattern, STI's, changes in relationship, contraceptive side effects, other problems / issues.	<b>Last Women's Check</b>					
			BP	<b>Last STI Screen</b> Result			
			Weight		<b>Comments and advice:</b>		
			BGL			Follow -up	
			U/A				<b>Contraception Choice</b>
			$\beta$ -hCG				
	<b>Name / Designation</b>						
		<b>Signed</b>					

**Promote Breast Awareness & Well Women's Check every 2 years.**

# VISIT 5

Date	<b>History:</b> menstrual pattern, STI's, changes in relationship, contraceptive side effects, other problems / issues.	<b>Last Women's Check</b>					
			BP	<b>Last STI Screen</b> Result			
			Weight		<b>Comments and advice:</b>		
			BGL			Follow -up	
			U/A				<b>Contraception Choice</b>
			$\beta$ -hCG				
	<b>Name / Designation</b>						
		<b>Signed</b>					