miOttawa Department of Public Health

Not everyone is able to get their contraceptives by mail. Please read this first:

☑ Before each order, you must call to speak to a nurse. The nurse will review your chart to make sure you are up to date on your medical exams, be sure you are tolerating your method well, determine how many refills you are able to order, where to mail your order, and other details. Complete this page before calling. Call the office where you usually go for your exams and contraceptive supplies. (Holland: 616-396-5266; Grand Haven: 616-846-8360; Hudsonville: 616-669-0040)

☑ Please order pills one month before you need them so that you can be sure that you receive them on time.

☑ If you fail to call first, your contraceptives will not be mailed and you will have a lapse in protection.

☑ PLEASE GIVE US A RELIABLE DAYTIME PHONE NUMBER. If your re-supply form indicates a problem, we will probably not mail out the pills immediately without contacting you for more information.

Name: _____ Date: _____ Birthdate: _____

Mailing Address: _____ Phone: _____

City: _____ _____ State: _____ ZIP: _____

Who is your Primary Care Provider? _____

What birth control method are you currently using? _____

Do you have any concerns to discuss with the nurse?	☐ Yes	☐ No
Date your last period started: _____ was it a normal period?	☐ Yes	☐ No
Could you be pregnant now? (frequently missed pills since last period)	☐ Yes	☐ No
Any pregnancies since your last visit with us?	☐ Yes	☐ No
Do you have allergies? ☐ Yes {list: _____}		☐ No
Are you a smoker?	☐ Yes	☐ No

Current medications: _____

Have you sought medical attention since your last visit? ☐ Yes ☐ No Reason: _____

The following questions are being asked so the nurse can better serve you based upon your particular circumstances:

Do you have any children now? ☐ Yes ☐ No Do you want to have (more) children? ☐ Yes ☐ No

How many (more) children would you like and when? _____

Have you been with a new sexual partner since your last visit with us?	☐ Yes	☐ No
Have you or your partner traveled outside of the U.S. in the past year?	☐ Yes	☐ No
Are you or your partner planning travel outside of the U.S. in the next year?	☐ Yes	☐ No

PLEASE CHECK IF YOU ARE HAVING ANY OF THE FOLLOWING SINCE YOUR LAST EXAM:

1.	Frequent or severe headaches	☐ Yes ☐ No	8.	Missed periods	☐ Yes ☐ No
2.	Severe chest/arm pain	☐ Yes ☐ No	9.	Bleeding between periods	☐ Yes ☐ No
3.	Difficulty breathing	☐ Yes ☐ No	10.	Continual breast pain	☐ Yes ☐ No
4.	Swelling/pain in thigh/lower leg	☐ Yes ☐ No	11.	Severe abdominal pain	☐ Yes ☐ No
5.	Visual disturbances	☐ Yes ☐ No	12.	Weight change (>10 lbs.)	☐ Yes ☐ No
6.	Dizziness/fainting	☐ Yes ☐ No	13.	Severe mood changes	☐ Yes ☐ No
7.	Breast lump	☐ Yes ☐ No	14.	Other: _____	

Please explain any item checked 1-14: _____

_____

Please read and sign below:

I request you send my contraceptives by mail. I will call the clinic or seek emergency care if any adverse symptoms or complications develop. These include, but are not limited to: pain in the chest, abdomen or arms; shortness of breath; unusual swelling or pain in the legs; severe headache; severe depression; blurred or double vision; yellowing of the skin.

YOUR SIGNATURE _____

(PLEASE TURN PAGE OVER)

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Before you may complete your order, you must call to speak to a nurse. Call the office where you usually go for your exams and contraceptive supplies. (Holland: 616-396-5266; Grand Haven: 616-846-8360; Hudsonville: 616-669-0040)
When you call, the nurse will tell you the quantities and fees for your contraceptives.

The maximum number of cycles available	_____
Number of cycles requested	_____
Cost per cycle	_____
Cost of postage and handling	_____

TOTAL AMOUNT ENCLOSED (Number of cycles requested x Cost per cycle + Cost of postage and handling) _____
PLEASE BE ADVISED – PRICES SUBJECT TO CHANGE

Method of Payment:
☐ Check (payable to OCHD)
☐ VISA
☐ MasterCard
☐ Discover

Cardholder's Name: _____

Credit Card #: _____ Expiration Date: _____ CVV2# (3 digits): __ __ __

Signature: _____

Upon receipt of your signed updated contraceptive re-supply form, we will process your order within 10 business days. Your order will be mailed or available for pick up if requested. If we are unable to fill your contraceptive request we will contact you via phone or mail. Please, complete and send both pages of the form with your payment. There is a $15 fee for returned checks.

Mail the form to this address

Ottawa County Department of Public Health
12251 James Street Suite 500
Holland, MI 49424 616-396-5266
Fax 616-393-5659

DO NOT WRITE IN THIS BOX – FOR OFFICE USE ONLY

Staff Notes:
_____
_____
_____
_____
_____
_____
_____

CHN Signature: _____Date: _____Pap follow-up: _____ AE due: _____