



Name Test Adult Patient

DOB 1 Jan 1980 (42y)

Email testpatient@email.com

Health Assessment	
Weight (kg)	100.0
Height (cm)	180.0
BMI	30.9
Ethnicity	White - British
Smoking	Ex smoker
Blood Pressure	120 / 80
Migraine	I confirm I am not suffering from migraines
FH: DVT	No
H/O gestational hypertension	No

Clinical coding	
162763007	22A
162755006	229
301331008	22K
976631000000101	9t00
8517006	137S
163020007	246
313106003	614F
844041000000102	679f
818601000000109	679a

Health Advice	
Advice given about important risks, side-effects, missed-pills and emergency contraception	Emergency contraception advice
	Education about risk of venous thromboembolism
Link to NHS online pill advice given	Education about missed dose of oral contraceptive

Regime	2-3 packs back-to-back, one week off, then restart
Used for contraception	Yes
Considering LARC	Yes
Considering changing or stopping pill in next year	No
Health change since last check	Yes
Sourced from elsewhere	No
Questions or concerns	No concerns

Complete Review I would like to discuss my pill further	FURTHER DISCUSSION
--	---------------------------

Clinician Next Steps			
1. Suggested codes	Medication review	182836005	8B314
2. Inform patient			

Weight Management	
Eligibility	Eligible for NHS Digital Weight Management Programme
High BP or Diabetic	Yes
Referral	Offered
	Referral to weight management service offered
	Consent given
	Suggested code if patient referred
	Referral to weight management service

Clinical Coding	
767661000000105	9NS03
1326201000000101	N/A