

Patient name, Address & Postcode		Pharmacy name, Address & phone number	
Patient age / DOB		Contractor Number	
GP Practice		Date of consultation	
1. Initial assessment (ensure privacy notice is discussed with the patient and verbal consent for service obtained)			
Consultation type:	In person in the pharmacy <input type="checkbox"/>		Video consultation <input type="checkbox"/>
Referral method:	Self-referral <input type="checkbox"/> By pharmacist <input type="checkbox"/> By GP practice <input type="checkbox"/>		By OOHs <input type="checkbox"/> Other, specify _____
Patient age:	Age 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> years If < 16 years; age of sexual partner: _____		16 years or over <input type="checkbox"/>
If partner is over 18 years of age and patient requesting treatment is under 16 years, there is a statutory duty to contact Police Service NI (complete section 6 below)			
Fraser assessment:	If age 13, 14 or 15 has a Fraser assessment been carried out Yes / No	Is the patient Fraser competent Yes / No If no, complete section 6 below	
Safeguarding issues:	Have any issues been identified Yes / No For example: <i>Concerns regarding coercion, assault, abuse or exploitation</i>		If yes, complete section 6 below
Reason for EHC request:	Unprotected Sexual Intercourse (UPI) <input type="checkbox"/> Condom failure <input type="checkbox"/>		Missed pill <input type="checkbox"/> Other, specify _____
2. Menstrual history			
Last menstrual period (LMP):	Date of LMP: Day in cycle: Cycle / bleeding pattern: _____	Any other UPSI since LMP: _____ Hours after intercourse: _____ Other EHC this cycle / date: _____	
3. Medical history			
Current medication / allergy status:	Severe asthma controlled by oral steroids Yes / No (if yes consider levonorgestrel) Antacids/proton-pump inhibitors/H2-receptor antagonists Yes / No (if yes consider levonorgestrel) Liver enzyme inducers may reduce the effectiveness of oral EHC (if yes consider 3mg dose of levonorgestrel)		
Porphyria:	Yes / No if yes refer to Sexual Health Clinic for Cu-IUD insertion (complete section 6 below)		
Severe hepatic dysfunction:	Yes / No , if yes refer to cautions in PGD and advise the woman that FRSH guidance advises that pregnancy poses a significant risk in hepatic dysfunction and thus ulipristal is acceptable		
Severe malabsorption syndrome (IBD/Crohn's):	Yes / No if yes refer to cautions in PGD: the use of oral EHC is not contra-indicated but it may be less effective (insertion of Cu-IUD is the most effective method of EC)		
Unexplained vaginal bleeding:	Yes / No if yes supply oral EHC and recommend the woman sees her GP for investigation of unexplained vaginal bleeding (complete section 6)		
Weight / BMI:	Weight in kg _____ or BMI _____		
Regular contraception:	Patch <input type="checkbox"/> COC <input type="checkbox"/> POP <input type="checkbox"/> Injection <input type="checkbox"/> Implant <input type="checkbox"/> IUD/S <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>		
4. Treatment			
Oral EHC supplied:	First line (including when BMI>26 or weight >70kg) <ul style="list-style-type: none"> • Ulipristal acetate 30mg x 1 tablet <input type="checkbox"/> Second line (when ulipristal not indicated): <ul style="list-style-type: none"> • Levonorgestrel 1.5mg (POM) x 1 tablet <input type="checkbox"/> • Levonorgestrel 1.5mg (POM) x 2 tablets (3mg) unlicensed indication <input type="checkbox"/> <i>please state reason for unlicensed supply</i> _____ 		

	Please tick if a second dose of EHC has been supplied (<i>patient vomits within 3 hours</i>) <input type="checkbox"/>
Bridging contraception:	Patient is suitable for supply of bridging POP Desogestrel Yes / No If yes, Desogestrel 75 micrograms (POM) 3 x 28 tablets supplied <input type="checkbox"/> Verbal advice given regarding pill taking / timing / potential adverse effects <input type="checkbox"/> Advised to arrange further supply before 3 months' supply runs out <input type="checkbox"/>
Oral EHC not supplied:	EHC was not supplied for the following reason _____
Signposted for Cu-IUD:	Yes / No If yes oral EHC also supplied: Ulipristal 30mg <input type="checkbox"/> or Levonorgestrel 1.5mg <input type="checkbox"/> or Levonorgestrel 3mg <input type="checkbox"/>
Medication supplied via:	PGD using PV1 <input type="checkbox"/> or IP pharmacist prescription <input type="checkbox"/>

5. Advice & counselling

Discussion with patient provides information on the following points:

- Oral versus Cu-IUD emergency contraception
- Mode of action of oral emergency contraception
- Potential side effects
- Action to take if vomiting within 3 hours
- Timing of next bleed, could be earlier or later
- Pregnancy test may be required if next period is more than 7 days late or lighter than usual
- Interaction with other hormones
- Failure rate and next steps
- Risk of STIs
- Patient may need to return if further UPSI and need for future contraception
- Unlicensed use and obtain consent
- Provide information on family planning and sexual health services available locally
- Encouraged to take EHC at time of supply
- Patient Information Leaflet supplied
- Encouraged to complete feedback survey (when available)

6. Referral to another professional (GP, OOH, Sexual Health Clinic, Gateway team, Police Service NI)

Patient referred to: GP / Out-of-hours medical centre / Sexual Health Clinic / Gateway team or Police Service NI; please specify _____

Date of referral: _____

Reason for referral: _____

Details of response (if any) from the organisation: _____

7. Patient declaration

I have been advised on the use of emergency contraception, STIs & ongoing contraception and I understand the advice given to me by the pharmacist.

Patient signature _____ Date _____