HSC Health and Social Care

Pharmacy First Service: Emergency Hormonal Contraception - consultation form

Department of Health
An Roinn Sláinte
Männystrie O Poustie
www.health-ni.gov.uk

Patient name, Address & Postcode		**Pharmacy name, Address & phone number**	
Patient DOB		**Contractor Number**	
GP Practice		**Date of consultation**	

1. Initial assessment (ensure privacy notice is discussed with the patient and consent for the service is obtained)		
Referral method:	Self-referral □ By pharmacist □ By GP practice □ By OOHs □ By SH:24 □ Other, please specify:	
Age of woman or young person:	Age of woman or young person: ____________ If patient is < 16 years; check the age of her sexual partner and record here: ______________ **If the partner is aged 18 years or over, the pharmacist has 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 (consider for all women):	Have any issues been identified? **Yes / No** **For example:** *Concerns regarding coercion, assault, abuse or exploitation*	If yes, complete section 6 below
Reason for EHC request:	Unprotected Sexual Intercourse (UPSI) □ Condom failure □ Missed pill □ complete section 3 below Other □, please specify:	**Please tick to confirm that the patient has been informed that oral EHC is ineffective if taken after ovulation** □

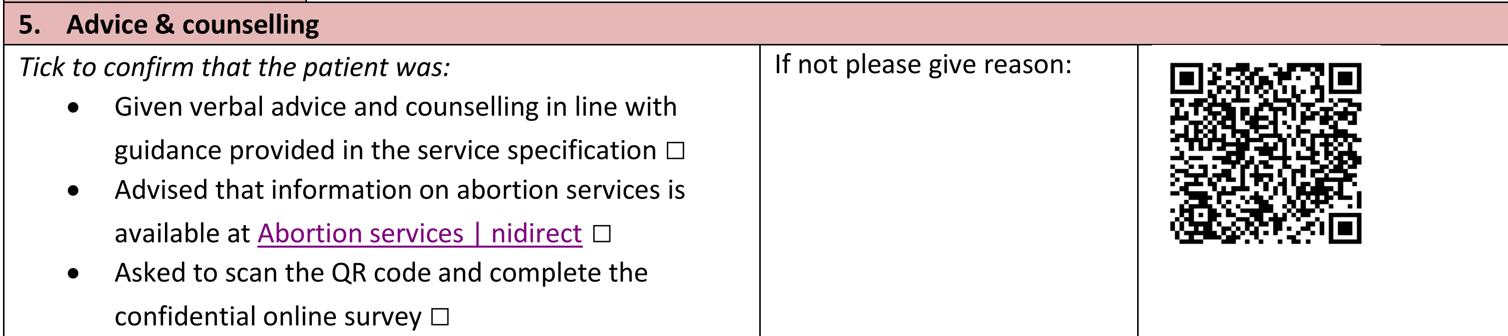
2. Menstrual history		
Last menstrual period (LMP):	Date of LMP: ____________Day in cycle: _____ Usual cycle / bleeding pattern: _____________	Any other UPSI since LMP: _________________ Hours since this episode of UPSI: ____________ Other EHC this cycle / date: ________________

3. Medical history	
Current medication / allergy status:	Severe asthma controlled by <u>**oral**</u> steroids **Yes / No** (*if yes consider levonorgestrel)* Antacids/proton-pump inhibitors/H2-receptor antagonists **Yes / No** (*if yes consider levonorgestrel*) Liver enzyme inducers **Yes / No** (*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 explain that that FRSH guidance advises that pregnancy poses a significant risk in hepatic dysfunction and thus ulipristal is acceptable
Severe malabsorption syndrome:	**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 or young person sees her GP for investigation of unexplained vaginal bleeding (complete section 6)
Regular contraception:	COC □ POP □ If missed pill please record number of days since last pill taken ________ Injection □ Implant □ IUD/S □ Patch □ None □ Other □ ______________________

4. Treatment	
Oral EHC supplied:	**First line (including when BMI>26 or weight >70kg)** • Ulipristal acetate 30mg x 1 tablet □ **Second line (when ulipristal not indicated):** **Weight / BMI:** _______________________ • Levonorgestrel 1.5mg (POM) x 1 tablet □ • Levonorgestrel 1.5mg (POM) x 2 tablets (3mg) unlicensed indication □ *please state reason for unlicensed supply*____ **Please tick if a second dose of EHC has been supplied *(patient vomits within 3 hours)*** □

Oral EHC NOT supplied:	EHC was not supplied for the following reason ______________________________
Bridging contraception:	**Was the patient offered a supply of bridging contraception? Yes ☐ No ☐** • If no, please specify the reason why a supply of bridging contraception was not offered: ______________________________ **Was Desogestrel 75 micrograms (POM) 3 x 28 tablets supplied? Yes ☐ No ☐** • If no, please provide reason why a supply of bridging contraception was not accepted: ______________________________ • If yes, bridging contraception was supplied, confirm that verbal advice was provided regarding timing of pill taking and potential adverse effects ☐ • Confirm that the patient was advised to arrange further supply before the 3 months' supply runs out ☐
Signposted for Cu-IUD:	Was Cu-IUD discussed as the most effective form of emergency contraception **Yes** ☐ **No** ☐ Was the patient signposted for Cu-IUD? **Yes** ☐ **No** ☐

5. Advice & counselling



Tick to confirm that the patient was: • Given verbal advice and counselling in line with guidance provided in the service specification ☐ • Advised that information on abortion services is available at Abortion services | nidirect ☐ • Asked to scan the QR code and complete the confidential online survey ☐	If not please give reason:	

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 (patient signature required for consent)

I have been advised on the use of Emergency Hormonal Contraception, Sexually Transmitted Infections and ongoing contraception and I understand the advice given to me by the pharmacist.

Patient signature______________________________ Date______________________________