Pharmacy First Service: Emergency Hormonal Contraception - consultation form

Date of consultation			
Patient's name, Address & Postcode		**Patient's DOB**	
Pharmacy name, Address & phone number		**Contractor Number**	
Registered with a GP practice in NI?	*Record practice details:*	**Not registered with a GP practice in NI?**	*Provide details:*

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 5 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 5 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** ☐ Ovulation calculators are available on line e.g. Calculator.net

2. 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 **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 ☐ _____

3. Treatment

Cu-IUD:	Was Cu-IUD discussed as the most effective form of emergency contraception **Yes** ☐ **No** ☐
Oral EHC supplied:	**First line EHC (including when BMI>26 or weight >70kg):** • Ulipristal acetate 30mg x 1 tablet ☐ **NB: cannot be used in event of 'missed pill'**

	Second line EHC (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 <u>NOT</u> 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, potential adverse effects and arranging a further supply before the 3 months' supply runs out ☐

4. Advice & counselling

Tick to confirm that the patient was:

- Given verbal advice and counselling in line with guidance provided in the service specification ☐

5. 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: _____

6. 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_____