



Consultation Pro-forma Emergency Hormonal Contraception

This form is for use solely within a Community Pharmacy commissioned to provide EHC in conjunction with a current signed PGD. Check your service specification for details of applicable PGD(s). The PGD(s) should be present and used during the consultation.

SECTION A: Consultation Details

Date of Consultation	/	/	Pharmacy Name and Address or Stamp:
Pharmacist Name (PRINT)			

SECTION B: Client Details

Client Name:	GP Details (optional):
Post Code:	Date Of Birth: / / Age:
Client under 16 years of age assessed as competent under the Fraser Guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safeguarding action taken (If applicable. Refer to PGD for details and guidance)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C: Client History

UPSI
Time since UPSI? 12 hrs 12-24 hrs 25-48 hrs 49-72hrs 72-120 hrs >120 hrs

Reason for UPSI (tick as relevant)	History
<input type="checkbox"/> No contraception used	Day 1 of last menstrual period / /
<input type="checkbox"/> Oral contraceptive failure (please indicate below)	Any other episodes of UPSI since last menstrual period? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Severe Diarrhoea	Is it possible the client is pregnant? (If YES perform pregnancy test) <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Severe Vomiting	If other episode of UPSI was Levonorgestrel taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Missed Pills	If other episode of UPSI was Ulipristal Acetate taken? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Barrier method failure	
<input type="checkbox"/> Late contraceptive injection	
<input type="checkbox"/> Other (please state below)	
Was Alcohol a contributing factor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Is the client on any other medication? If YES please list below and refer to cautions section of the relevant PGD Yes No

SECTION D: Criteria for Inclusion / Exclusion (refer to PGD(s) for specific details)

In all instances the Client should be advised that EHC is not 100% effective and that an IUD is the most effective means of post coital contraception. This option must be discussed prior to proceeding with EHC. In instances where an IUD is acceptable, continue to supply EHC for use in the event that the IUD fitting is not done or proves unsuitable.

Question 1
Is the woman of childbearing age presenting within 120 hours of UPSI?
If **NO** advise regarding IUD as above and refer as necessary. Go straight to section E. Yes No

Question 2
Does the client meet the inclusion criteria for Levonorgestrel as stated in the PGD? Yes No

Question 3
Is it appropriate to supply Levonorgestrel given the exclusion criteria within the PGD? Yes No

If the answer to **both** questions 2 and 3 is **YES OR** if your service is only commissioned to supply Levonorgestrel, then go straight to section E

If the answer to **either** questions 2 or 3 is **NO AND** your service is commissioned to supply Ulipristal Acetate continue to question 4

Question 4 Does the client meet the inclusion criteria for Ulipristal Acetate as stated in the PGD?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question 5 Is it appropriate to supply Ulipristal Acetate given the exclusion criteria within the PGD and also taking into consideration other medications?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Question 6 If the client is contraindicated for Ulipristal Acetate, do they now meet the inclusion criteria for Levonorgestrel?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION E - Supply and Administration

Client to be supplied with:	<input type="checkbox"/> Levonorgestrel	<input type="checkbox"/> Ulipristal Acetate	<input type="checkbox"/> Neither
If 'Neither', please provide the reason: _____			
Has a referral been made?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Referred to: _____
Reason for referral: _____			

If the client wishes to be referred for Ulipristal Acetate, consider supplying Levonorgestrel for the client to use in the event that they are unable to access the appropriate service in time. (Refer to Levonorgestrel PGD)

Has the client been assessed against the cautions listed in the relevant PGD and any recommended action taken?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Supply made?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Batch number:	/	/
In case of vomiting after initial dose re-supply made? (Recalculate time since UPSI and refer to PGD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Batch number:	/	/
Pregnancy test supplied?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes' how many tests supplied?	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Administration observed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'No' state reason:		

All areas of advice listed in the "Follow-up Advice" and "Information To Be Given" sections of the relevant PGD have been discussed with the client	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION F - Use of medicine outside the terms of the product license

Tick if applicable:	<input type="checkbox"/> Levonorgestrel use for UPSI 72-120 hours ago
	<input type="checkbox"/> Levonorgestrel supply of 2 x 1500microgram tablets for use with enzyme inducing medicines
Client advised re off-license use of Levonorgestrel 1500 tablets as stated in PGD	<input type="checkbox"/> Yes

SECTION G - Signatures

Client to tick as applicable, sign and date: <input type="checkbox"/> The information I have provided to the pharmacist during this consultation is correct to the best of my knowledge <input type="checkbox"/> I have been counselled on the use of emergency contraception <input type="checkbox"/> The advice and guidance provided during the consultation has been clearly explained and I understand it. Where applicable this includes advice about off-licence use of Levonorgestrel 1500microgram tablets.	Client's Signature: Date: / /
Pharmacist to tick as applicable, sign and date: <input type="checkbox"/> The stated action was based on the information given to me by the client, which is correct to the best of my knowledge	Pharmacist's Signature: Date: / /

Where appropriate, a copy of this consultation pro-forma should be kept in accordance with the service specification under which the PGDs are in operation. Where specified, this may include keeping an electronic copy. Please refer to the local service specification for further clarification.