

Sexual Health EHC consultation form- Bradford

Pharmacist name		GPhC number	
Consultation date	/ /	Consultation time	:
Client's Date of Birth		If under 16 years – is client Gillick competent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Client's name			
Client's Full Postcode			
Client's ethnicity			
<input type="checkbox"/> White - British	<input type="checkbox"/> Mixed - Any other mixed background	<input type="checkbox"/> Black or Black British - Caribbean	
<input type="checkbox"/> White - Irish	<input type="checkbox"/> Asian or Asian British - Indian	<input type="checkbox"/> Black or Black British - African	
<input type="checkbox"/> White - Any other White background	<input type="checkbox"/> Asian or Asian British - Pakistani	<input type="checkbox"/> Black or Black British	
<input type="checkbox"/> Mixed - White and Black Caribbean	<input type="checkbox"/> Asian or Asian British - Bangladeshi	<input type="checkbox"/> Any other Black background	
<input type="checkbox"/> Mixed - White and Black African	<input type="checkbox"/> Asian or Asian British	<input type="checkbox"/> Chinese	
<input type="checkbox"/> Mixed - White and Asian	<input type="checkbox"/> Any other Asian background	<input type="checkbox"/> Any other ethnic group	
<input type="checkbox"/> Not stated			
<input type="checkbox"/> Prefer not to say			
Reason for request			
<input type="checkbox"/> Unprotected sex			
<input type="checkbox"/> Failed condom or other barrier method			
<input type="checkbox"/> Missed pill or other hormonal contraceptive error			
<input type="checkbox"/> Vomited previous EHC			
<input type="checkbox"/> Decreased pill efficacy due to vomiting or diarrhoea			
<input type="checkbox"/> Expulsion of IUD (complete or partial)			
<input type="checkbox"/> Over 91 days since the last Medroxyprogesterone Acetate injection			
Date of UPSI	/ /	Time of UPSI	:
Menstrual history			
Cycle length (usual number of days from day 1 today 1)			
Date of last menstrual period (first day of bleeding)			
Current day in cycle <small>If at time of ovulation consider efficacy of emergency contraception options</small>			
Exclusion of Pregnancy			
Any other UPSI taken place since the last period? <small>(without appropriate EHC?)</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last period unusual in any way? <small>Eg. Later, lighter or shorter than normal</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client missed or late with contraceptive pill since last period?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Next period overdue or late?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pregnancy test undertaken? <small>Carry out a test if yes to any of the exclusion of pregnancy questions</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Medical history			
Appropriate medical history taken to ensure that all inclusion and exclusion criteria of the PGD?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
To include: Liver disease Malabsorption syndromes Porphyria	Breastfeeding BMI assessment Hypersensitivity to components of EHC Medication history including EHC since LMP		

Does the client use any medicines that may interact with EHC? <small>Note ellaOne effect on hormonal contraception</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Treatment Decision			
Copper IUD referral	<input type="checkbox"/> Refused	<input type="checkbox"/> Accepted	
Levonelle	<input type="checkbox"/> Levonelle chosen: 0 – 72 hours after UPSI <input type="checkbox"/> Levonelle chosen: Multiple use of EHC required in one cycle <input type="checkbox"/> Levonelle chosen: ellaOne not indicated / clinically appropriate (Levonelle use as second line)		
ellaOne	<input type="checkbox"/> ellaOne chosen: client uncertain of day of cycle <input type="checkbox"/> ellaOne chosen: UPSI around time of ovulation (days 13-14) <input type="checkbox"/> ellaOne chosen: BMI known or suspected to be over 30 <input type="checkbox"/> ellaOne chosen: 72 – 120 hours after UPSI		
Counselling			
Counselling provided regarding the supply of EHC as outlined in the PGD		<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ Mode of action	▪ Side effects	▪ Action if vomits	▪ Effect on foetus
▪ Failure rate	▪ Next period	▪ Read Patient Information Leaflet	
▪ When to seek medical advice	▪ Follow up discussed		
Advice			
Advice provided on the avoidance of pregnancy and STIs through safer sex and condom use		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Condoms supplied?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information			
Information provided regarding ongoing contraception including information about LARCs <small>Client using hormonal contraception with ellaOne advised to use barrier methods as per PGD.</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Signposting			
Details supplied of where and how to access services that provide long-term contraceptive methods, sexual health advice and STI services <small>Remind client that they are still at risk of pregnancy in current cycle</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral			
Client referred for the following reasons			
<input type="checkbox"/> Copper IUD fitting <input type="checkbox"/> Unable to supply EHC as over 120 hours after UPSI <input type="checkbox"/> Unable to supply EHC as pregnancy suspected <input type="checkbox"/> Unable to supply EHC as client unable to give valid consent <input type="checkbox"/> Unable to supply EHC due to clinical exclusion within PGD <input type="checkbox"/> Unable to supply EHC as ellaOne previously supplied in current cycle			
Client referred to the following services			
<input type="checkbox"/> GP <input type="checkbox"/> A + E <input type="checkbox"/> Contraception and Sexual Health (CASH) clinic <input type="checkbox"/> Out of hours service <input type="checkbox"/> Other. Please state _____			
EHC Supplied			
<input type="checkbox"/> Levonelle	<input type="checkbox"/> ellaOne	<input type="checkbox"/> Advice only	
If yes, record pack supplied	Batch No.	Expiry	/
Taking of EHC supervised in pharmacy?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

This data needs to be entered onto PharmOutcomes within 24 hours of the consultation. Once added this form should be shredded/ destroyed as confidential waste.