

Calderdale Sexual Health EHC consultation form

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		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	/ /20	Time between UPSI and EHC consultation	<input type="checkbox"/> 0 – 24 hours <input type="checkbox"/> 25 – 48 hours <input type="checkbox"/> 49 – 72 hours <input type="checkbox"/> 73 – 120 hours
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? (without appropriate EHC?)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Last period unusual in any way? Eg. Later, lighter or shorter than normal		<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? Carry out a test if yes to any of the exclusion of pregnancy questions		<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 Ulipristal effect on hormonal contraception</small>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

This data needs to be entered onto PharmOutcomes within 48 hours of the consultation. Once added this form should be shredded/ destroyed as confidential waste.

Treatment Decision			
Copper IUD referral	<input type="checkbox"/> Refused		<input type="checkbox"/> Accepted
Levonorgestrel	<input type="checkbox"/> Levonorgestrel chosen: 0 – 72 hours after UPSI <input type="checkbox"/> Levonorgestrel chosen: Multiple use of EHC required in one cycle <input type="checkbox"/> Levonorgestrel chosen: Ulipristal not indicated/clinically appropriate (use as second line)		
Ulipristal	<input type="checkbox"/> Ulipristal chosen: client uncertain of day of cycle <input type="checkbox"/> Ulipristal chosen: UPSI around time of ovulation (Within 3 days before and 2 days after expected ovulation days 10 -15) <input type="checkbox"/> Ulipristal 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 & 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 Client using hormonal contraception with Ulipristal advised to use barrier methods as per PGD.		<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		<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 Ulipristal previously supplied in current cycle	
Client referred to the following services			
<input type="checkbox"/> GP <input type="checkbox"/> Sexual Health Service / clinic <input type="checkbox"/> A + E		<input type="checkbox"/> Out of hours service <input type="checkbox"/> Other. Please state _____	
EHC Supplied			
<input type="checkbox"/> Levonorgestrel	<input type="checkbox"/> Ulipristal	<input type="checkbox"/> Advice only	EHC supervised in pharmacy? <input type="checkbox"/> Yes <input type="checkbox"/> No
If EHC supplied, record pack supplied		Batch No.	Expiry /
Chlamydia Test – Offered to all clients			
<input type="checkbox"/> Accepted - postal kit provided <input type="checkbox"/> Declined - previously had screen in last 6 weeks <input type="checkbox"/> Declined - previously had screen within 1 year with no change in sexual partner		<input type="checkbox"/> Declined- client does not want a Chlamydia test <input type="checkbox"/> Declined – other, please state:	

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