

**Emergency Hormonal Contraceptive | PGD Risk Assessment Form**

Date:

Patient's personal details	
Title: Mr: <input type="checkbox"/> Miss: <input type="checkbox"/> Ms: <input type="checkbox"/> Mrs: <input type="checkbox"/> Dr: <input type="checkbox"/>	Patient Address:
First Name:	NHS No. (if known):
Last Name:	GP Name and Address:
Telephone:	GP Telephone (if known):
Gender: <b>Female</b> . D.O.B: _____	Age: <input type="text"/> Would you like us to send a copy of this consultation to your GP? <input type="checkbox"/>

Patient's personal details			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Do you have any recent or past medical history of note?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you take any medicines? Antacids? Contraceptives?	<input type="checkbox"/>	<input type="checkbox"/>	
Are you currently taking any other medicines? (including any herbal remedies such as St.Johns Wort)	<input type="checkbox"/>	<input type="checkbox"/>	
Do you suffer from Bowel disease (e.g. Crohn's disease) or liver problems?	<input type="checkbox"/>	<input type="checkbox"/>	
Do you currently suffer from vomiting or diarrhoea?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you ever had a serious reaction to ulipristal acetate (ellaOne) or levonorgestrel (Levonelle)?	<input type="checkbox"/>	<input type="checkbox"/>	

Sexual History			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Have you had unprotected sex within the last 120 hours (5 days)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had unprotected sex within the last 72 hours (3 days)?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you had unprotected sex earlier in this menstrual cycle?	<input type="checkbox"/>	<input type="checkbox"/>	
Is there a possibility you may be pregnant?	<input type="checkbox"/>	<input type="checkbox"/>	

Your last menstrual period...			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Was your last period late, longer/shorter or unusual in any way?	<input type="checkbox"/>	<input type="checkbox"/>	
Have you already taken Levonelle or ellaOne since your last period?	<input type="checkbox"/>	<input type="checkbox"/>	

Further information about ulipristal acetate (ellaOne)...			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Do you understand that if you vomit within 3 hours, another dose is required? You will need to come back or visit your doctor.	<input type="checkbox"/>	<input type="checkbox"/>	
Do you understand that If your next period is >3 days late or different in any way you should visit your doctor?	<input type="checkbox"/>	<input type="checkbox"/>	
Unprotected sex can lead to sexually transmitted diseases (STIs) do would you like further counseling?	<input type="checkbox"/>	<input type="checkbox"/>	

**Write below any further information which may be relevant e.g. medicines taking, conditions, concerns...**

Confidential sexual health patient help lines
FPA (formerly the Family Planning Association) national helpline – <b>0845 3101334</b> Sexual Health Line – <b>0800 567 123</b> Brook Clinic – <b>0800 0815023</b> or <a href="http://www.brook.org.uk">www.brook.org.uk</a> Sexwise – <b>0800 282930</b> or <a href="http://www.maketherightdecision.co.uk">http://www.maketherightdecision.co.uk</a>

**If you vomit within 3 hours of taking the tablet, the EHC may not have worked, you will need to return or talk to your doctor.**

## For Official Use

This form is intended to be used per supply. For additional supplies to the same patient a new form will be needed.

### Product: [Levonelle] or [ellaOne] delete as appropriate

Date	Possible Pregnant*	Referral Required?	Directions	Pharmacist	Signature
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see below.	<i>Take immediately</i>		

### Reason for referral:

\*Referral to a suitably qualified clinician is required.

### Missed Pill Advice

<b>Combined oral contraceptive pills (21 active tablets)</b>	If three or more 30–35 microgram ethinylestradiol or two or more 20 microgram ethinylestradiol pills have been missed in the first week of pill-taking (i.e. days 1–7) and UPSI occurred in Week 1 or the pill-free week.
<b>Progestogen-only pills</b>	If one or more progestogen-only pills (POPs) have been missed or taken >3 hours late (>12 hours late for Cerazette®) and UPSI has occurred before a further two pills have been taken appropriately.
<b>Intrauterine contraception</b>	If complete or partial expulsion is identified or mid-cycle removal of an IUD/IUS is deemed necessary and UPSI has occurred in the last 7 days.
<b>Progestogen-only injectables</b>	If the contraceptive injection is late (>14 weeks from the previous injection for medroxyprogesterone acetate or >10 weeks for norethisterone enantate) and UPSI has occurred within the last 120 hours.
<b>Transdermal contraception - Evra® Patch</b>	More than 2 days late starting first patch of new pack and has UPSI in week one or the prior patch free week. 7 days late starting third patch of pack, no EHC needed but omit patch free week. If more than 9 days late starting second/third patch, count as UPSI. Up to 7 days late starting second patch, no EHC needed.

### Additional Advice

STIs	<input type="checkbox"/>	Barrier Contraceptives	<input type="checkbox"/>	Sexual health help lines	<input type="checkbox"/>
Efficacy	<input type="checkbox"/>	Oral Contraceptives	<input type="checkbox"/>	IUD discussed	<input type="checkbox"/>

### PATIENT CONSENT

I have received information on the risks and benefits of the medicines recommended and fully understand them. I have also had the opportunity to ask questions. I consent to the recommended medicines being given at each appointment\*.

Patient Name / signature ...../ ...../ ..... Date.....

Do you consent for our pharmacy and/or our authorising medical agency to contact you regarding customer satisfaction? Yes / No

### PHARMACIST AGREEMENT

I have consulted the specific PGD which enables me to supply the listed medicine and have found that the patient is included in treatment and there are no valid exclusions applicable. I have given the patient information on the risks and benefits of the medicines recommended and have done my utmost to ensure the patient fully understands them. I have also given the patient the opportunity to ask questions. This will be carried out at each appointment.

Pharmacist Name / signature ...../ ...../ ..... Date.....