

## Kirklees Sexual Health Pharmacy Consultation Form

Pharmacist Name:		GPhC Number: <input type="checkbox"/>	
Consultation date	/ /	Consultation time	:
<b>CLIENT DETAILS:</b>			
Client's Date of Birth: <input type="checkbox"/>		If under 16 years – is client Gillick competent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Safeguarding – if there are any safeguarding concerns record action taken in line with pharmacy SOP</b>			
Client's Name:			
Client's Address (inc post-code)			
<b>Ethnicity:</b>	<input type="checkbox"/> White - British <input type="checkbox"/> White - Irish <input type="checkbox"/> White - Gypsy or Irish Traveller <input type="checkbox"/> White - Other <input type="checkbox"/> Mixed - White and Black Caribbean <input type="checkbox"/> Mixed - White and Black African	<input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background <input type="checkbox"/> Asian or Asian British - Indian <input type="checkbox"/> Asian or Asian British - Pakistani <input type="checkbox"/> Asian or Asian British - Bangladeshi <input type="checkbox"/> Asian or Asian British- Chinese <input type="checkbox"/> Asian or Asian British- Other	<input type="checkbox"/> Black or Black British - African <input type="checkbox"/> Black or Black British - Caribbean <input type="checkbox"/> Black or Black British - Other <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group <input type="checkbox"/> Prefer not to say
<b>Emergency Hormonal Contraception – Reason for Request:</b>			
<input type="checkbox"/> Unprotected sex <input type="checkbox"/> Reduced efficacy of contraceptive method		<input type="checkbox"/> Failed condom or other barrier method <input type="checkbox"/> Vomited previous EHC	
Date of UPSI:	/ /	Time between UPSI & consultation:	<input type="checkbox"/> 0 – 24 hours <input type="checkbox"/> 73 – 96 hours <input type="checkbox"/> 25 – 48 hours <input type="checkbox"/> 97 – 120 hours <input type="checkbox"/> 49 – 72 hours
Time of UPSI:	:		
<b>Menstrual History:</b>			
Date of last menstrual period (first day of bleeding)			
Normal cycle length (usual number of days from day 1 to day 1)			
Current day in cycle (If at time of ovulation consider efficacy of EHC)			
<b>Exclusion of Pregnancy</b>			
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? (e.g. 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 pregnancy test IF yes to any of the exclusion of pregnancy questions above)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Medical History</b>			
Take medical history as appropriate. <b>If supplying Levonorgestrel check PGD inclusion &amp; exclusion criteria. Supply of ulipristal MUST</b>	To include: - Hypersensitivity to EHC or components of EHC? - Porphyria? - Malabsorption syndromes such as Crohn's Disease? - Liver disease? - Galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption? - < 21 days post-partum? - Breastfeeding? - BMI assessment - Severe asthma (treated with oral glucocorticoids)? - Medication history including interacting medicines/EHC since LMP?	Appropriate medical history taken?  Yes <input type="checkbox"/> No <input type="checkbox"/>	
Does the client take any medicines that may interact with EHC?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

Treatment Decision					
<b>Copper IUD referral</b>	<input type="checkbox"/> Refused <input type="checkbox"/> Accepted	If a woman is referred on for a copper intrauterine device (Cu-IUD), oral EC should still be given in case the Cu-IUD cannot be inserted or the woman changes her mind.			
<b>Ulipristal</b> (First line EHC – if no CI or not taking other drugs which may reduce its effectiveness)	<input type="checkbox"/> Ulipristal chosen: less than 120 hours after UPSI <input type="checkbox"/> Ulipristal not selected: contraindicated <input type="checkbox"/> Ulipristal not selected: not indicated or appropriate for this patient				
<b>Levonorgestrel</b>	<input type="checkbox"/> Levonorgestrel chosen: ulipristal not suitable AND 0–96 hours after UPSI <input type="checkbox"/> Levonorgestrel chosen: levonorgestrel previously taken in same cycle <input type="checkbox"/> Levonorgestrel chosen: enzyme inducing drugs double dose of Levonorgestrel <input type="checkbox"/> Levonorgestrel not selected: not indicated/appropriate for this patient				
Counselling					
Counselling provided regarding the supply of EHC				<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ Mode of action</li> <li>▪ Action if vomits</li> <li>▪ Follow up discussed</li> </ul>	<ul style="list-style-type: none"> <li>▪ Failure rate &amp; ↓ efficacy over time</li> <li>▪ Supply PIL – advise client to read</li> <li>▪ When to seek medical advice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Contraceptive cover</li> <li>▪ Effect on foetus</li> <li>▪ Other possible options for EC</li> </ul>	<ul style="list-style-type: none"> <li>▪ Side effects</li> <li>▪ Next period</li> </ul>		
Advice & Signposting					
<b>Advice provided?</b> To include:	<ul style="list-style-type: none"> <li>- Advice on the avoidance of pregnancy &amp; STIs through safer sex and condom use</li> <li>- If using hormonal contraception advise on use of barrier methods</li> <li>- Advice on the regular use of contraceptive methods including info about LARCs</li> <li>- Signposting to services which provide long-term contraceptive methods</li> <li>- Signposting to STI services</li> <li>- Signposting where appropriate to further advice and support</li> </ul>			<b>Client centred advice given?</b> <input type="checkbox"/> Yes   <input type="checkbox"/> No	
Condoms supplied? (3 can be provided as part of the sexual health consultation)				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Information provided about long-term contraceptive methods including information about LARCs?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Details provided of where and how to access services that provide long-term contraceptive methods, services that provide sexual health advice and STI services				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Referral					
<b>Client referred for the following reasons:</b>		<input type="checkbox"/> Unable to supply EHC as client unable to give valid consent <input type="checkbox"/> Unable to supply EHC due to clinical exclusions <input type="checkbox"/> Other (please state): _____			
<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					
<b>Client referred to the following services:</b>		<input type="checkbox"/> A + E <input type="checkbox"/> Out of hours service <input type="checkbox"/> Other (please state): _____			
<input type="checkbox"/> GP <input type="checkbox"/> Locala Integrated Sexual Health					
EHC Supplied					
<input type="checkbox"/> Ulipristal	<input type="checkbox"/> Levonorgestrel	<input type="checkbox"/> Levonorgestrel 3mg (2 x 1.5mg tablets). Please state reason for double-dose: _____		<input type="checkbox"/> Advice only	
<b>If EHC supplied, record manufacturer, product name, batch no and expiry date:</b> (Multiple packs should only be supplied where this is authorised by the PGD e.g. for women taking enzyme inducing drugs)	1	Manufacturer:	Product Name:	Batch No:	Expiry date:
	2	Manufacturer:	Product Name:	Batch No:	Expiry date:
Taking of EHC supervised in pharmacy?				<input type="checkbox"/> Yes	<input type="checkbox"/> No