

Kirklees Sexual Health Pharmacy Consultation Form – UPDATED SERVICE

Pharmacist Name:		GPhC Number:	
Consultation date	/ /	Consultation time	:
CLIENT DETAILS:			
Client's Date of Birth:		If under 16 years – is client Gillick competent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safeguarding – if there are any safeguarding concerns record action taken in line with pharmacy SOP			
Client's Name:			
Client's Address (inc post-code)			
Ethnicity:	<input type="checkbox"/> Mixed - White and Asian <input type="checkbox"/> Mixed - Any other mixed background <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		
<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"/> 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		
Emergency Hormonal Contraception – Reason for Request:			
<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:	:		
Menstrual History:			
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)			
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? (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	
Medical History			
Take medical history as appropriate. If supplying Levonorgestrel check PGD inclusion & exclusion criteria. Supply of ulipristal MUST be in line with licensed indication	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 – SEE DECISION TREE (appendix G of service spec)					
Copper IUD referral	<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.			
Ulipristal (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				
Levonorgestrel	<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"> ▪ Mode of action ▪ Action if vomits ▪ Follow up discussed 	<ul style="list-style-type: none"> ▪ Failure rate & ↓ efficacy over time ▪ Supply PIL – advise client to read ▪ When to seek medical advice 	<ul style="list-style-type: none"> ▪ Contraceptive cover ▪ Effect on foetus ▪ Other possible options for EC 	<ul style="list-style-type: none"> ▪ Side effects ▪ Next period 		
Advice & Signposting					
Advice provided? To include:	- Advice on the avoidance of pregnancy & STIs through safer sex and condom use - If using hormonal contraception advise on use of barrier methods - Advice on the regular use of contraceptive methods including info about LARCs - Signposting to services which provide long-term contraceptive methods - Signposting to STI services - Signposting where appropriate to further advice and support		Client centred advice given? <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		
Chlamydia Screening – To be offered to all clients under 25 years					
Offered chlamydia screening?	<input type="checkbox"/> Yes – postal kit provided <input type="checkbox"/> Offered but client declined. Please state reason: <input type="checkbox"/> Not offered – client aged 25 or over				
Referral					
Client referred for the following reasons:		<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					
Client referred to the following services:		<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				
If EHC supplied, record manufacturer, product name, batch no and expiry date: (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	