

## Calderdale 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>	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"> <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                 </td> <td style="width: 33%; border: none;"> <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                 </td> <td style="width: 33%; border: none;"> <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                 </td> </tr> </table>			<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					
<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>											
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Unprotected sex</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Missed pill or other hormonal contraceptive error</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Failed condom or other barrier method</td> <td style="border: none;"><input type="checkbox"/> Decreased pill efficacy due to vomiting or diarrhoea</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Expulsion of IUD (complete or partial)</td> <td style="border: none;"><input type="checkbox"/> Vomited previous EHC</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Over 98 days since last Medroxyprogesterone injection</td> <td style="border: none;"><input type="checkbox"/> 21 days or more post-partum</td> </tr> </table>				<input type="checkbox"/> Unprotected sex	<input type="checkbox"/> Missed pill or other hormonal contraceptive error	<input type="checkbox"/> Failed condom or other barrier method	<input type="checkbox"/> Decreased pill efficacy due to vomiting or diarrhoea	<input type="checkbox"/> Expulsion of IUD (complete or partial)	<input type="checkbox"/> Vomited previous EHC	<input type="checkbox"/> Over 98 days since last Medroxyprogesterone injection	<input type="checkbox"/> 21 days or more post-partum
<input type="checkbox"/> Unprotected sex	<input type="checkbox"/> Missed pill or other hormonal contraceptive error										
<input type="checkbox"/> Failed condom or other barrier method	<input type="checkbox"/> Decreased pill efficacy due to vomiting or diarrhoea										
<input type="checkbox"/> Expulsion of IUD (complete or partial)	<input type="checkbox"/> Vomited previous EHC										
<input type="checkbox"/> Over 98 days since last Medroxyprogesterone injection	<input type="checkbox"/> 21 days or more post-partum										
Date of UPSI:	/ /	Time between UPSI & consultation:	<input type="checkbox"/> 0 – 24 hours <input type="checkbox"/> 49 – 72 hours <input type="checkbox"/> 25 – 48 hours <input type="checkbox"/> 73 – 120 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 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>Check PGD inclusion &amp; exclusion criteria.</b> <b>Supply MUST be in line with PGD</b>	To include: – Hypersensitivity to EHC or components of EHC? – Porphyria? – Malabsorption syndromes such as Crohn's Disease? – Liver disease? – Breastfeeding? – BMI assessment – Medication history including interacting medicines/EHC since LMP?		Appropriate medical history taken as per PGD?  Yes <input type="checkbox"/> No <input type="checkbox"/>								
Does the client use any medicines that may interact with EHC?			Yes <input type="checkbox"/> No <input type="checkbox"/>								

This data needs to be entered onto PharmOutcomes as soon as possible and within 48 hours of the consultation. Refer to service specification for information on storage of records.

Treatment Decision – SEE DECISION TREE <a href="#">HERE</a> .			
<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>	<input type="checkbox"/> Ulipristal chosen: less than 120 hours after UPSI <input type="checkbox"/> Ulipristal not selected: contraindicated/supply excluded under PGD <input type="checkbox"/> Ulipristal not selected: not indicated/appropriate for this patient		
<b>Levonorgestrel</b>	<input type="checkbox"/> Levonorgestrel chosen: ulipristal not suitable AND 0–72 hours after UPSI <input type="checkbox"/> Levonorgestrel chosen: levonorgestrel previously taken in same cycle <input type="checkbox"/> Levonorgestrel chosen: enzyme inducing drugs <input type="checkbox"/> Levonorgestrel not selected: not indicated/appropriate		
Counselling			
Counselling provided regarding the supply of EHC as outlined in the PGD			<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 & Information			
Advice provided on the avoidance of pregnancy & STIs through safer sex and condom use?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Advice provided on the importance of chlamydia screening?  Note: clients can request a home test by texting TESTME followed by their name and address to 80010. A kit will be sent directly to them (free), which can be returned via regular post and they will receive results in 2 weeks or less. Alternatively, a home test kit can be ordered (by the client) via the sexual health services website. See <a href="https://sexualhealth.chnhs.uk/services/chlamydia-screening/request-a-home-test-for-chlamydia-screening/">https://sexualhealth.chnhs.uk/services/chlamydia-screening/request-a-home-test-for-chlamydia-screening/</a>			<input type="checkbox"/> Yes <input type="checkbox"/> No
Condoms supplied? (Number supplied dependent on requirement of client. Up to 12 max)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Information provided regarding ongoing contraception including info about LARCs. If using hormonal contraception provide advice re barrier methods – refer to PGDs for info			<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			
<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 exclusion within PGDs <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"/> Sexual Health service/clinic			
EHC Supplied			
<input type="checkbox"/> Ulipristal	<input type="checkbox"/> Levonorgestrel	<input type="checkbox"/> Levonorgestrel 3mg (2 x 1.5mg tablets).	<input type="checkbox"/> Advice only
<b>If EHC supplied record manufacturer, product name, batch no and expiry date:</b>	1	Product Name:	Batch No:
	2	Product Name:	Batch No:
			Expiry date:
			Expiry date:
Taking of EHC supervised in pharmacy?			<input type="checkbox"/> Yes <input type="checkbox"/> No

This data needs to be entered onto PharmOutcomes as soon as possible and within 48 hours of the consultation. Refer to service specification for information on storage of records.