

SEXUAL HEALTH – EHC FORM**(These details must be uploaded to PharmOutcomes within 24 hours of the consultation)**

Name		Date of Birth	/ /	Age				
Postcode:		Ethnicity		Consultation time				
ASSESSMENT OF FRASER COMPETENCY (15 and under)								
Does the young person understand that the consultation is confidential:					Yes / No			
Does the young person appear to understand the advice given including side effects and contraindications of treatment?					Yes / No			
Have you discussed with the young person about informing her parents about the treatment?					Yes / No			
Is the treatment in the young person's best interests?					Yes / No			
Has consideration been given to the effect on the physical or mental health of the young person if advice or treatment is withheld?					Yes / No			
SAFEGUARDING CHILDREN ASSESSMENT (18 and under)								
Is there any evidence of abuse or neglect?					Yes / No			
Is there any evidence of domestic violence?					Yes / No			
Is there any evidence of drug misuse?					Yes / No			
Is there any evidence of excessive use of alcohol, which may put the young person at risk of harm? Is there any evidence of self-harm/psychiatric illness?					Yes / No			
Is the child under 13 years and engaged in sexual activity?					Yes / No			
Are there any other issues, which lead you to be concerned about the young person's safety or welfare?					Yes / No			
REASON FOR EHC REQUEST								
No contraception used					Yes / No			
Failure of barrier method					Yes / No			
Missed pill or other hormonal contraceptive error					Yes / No			
Vomited previous EHC					Yes / No			
Reduced pill efficacy due to vomiting / diarrhoea					Yes / No			
Contraceptive efficacy affected by other medicines					Yes / No			
Other – <i>please specify</i>								
Date of UPSI		Time of UPSI		Time since UPSI	0-24 hours	25-48 hours	49-72 hours	>72 hours
MENSTRUAL HISTORY								
Does client know the date of their LMP?	Yes No	First day of LMP		Day in cycle		Cycle length If amenorrhoeic or unknown type 0		
EXCLUSION OF PREGNANCY								
Any other episodes of UPSI this cycle where EHC was NOT taken								Yes / No
Was LMP abnormal?								Yes / No
Previous use of EHC this cycle								Yes / No
Medical history taken, discussing inclusion criteria for Levonorgestrel PGD? Completed								Yes / No
Pregnancy test needed				Yes / No	Result of pregnancy test			
LEVONORGESTREL EXCLUSIONS AND CAUTIONS								
<i>Do any of the following apply?</i>								TICK
Patients who decide to access treatment with ulipristal acetate at an alternative provider								
Use of ulipristal acetate emergency contraception within the last five days								
UPSI more than 72 hours ago								
Allergy/known intolerance to progestogen or other product ingredients								
Active acute porphyria								
Known Pregnancy / Suspected pregnancy should be excluded using a pregnancy test.								
Unexplained or unusual vaginal bleeding								
Patients with rare hereditary problems of galactose intolerance, the Lapp lactase deficiency or glucose-galactose malabsorption								

Cont'd		TICK
Patient is receiving concomitant medication or treatment which makes		
Levonorgestrel contraindicated		
None of the above		
Taking enzyme inducing medications?		Yes / No
BMI over 26 or Weight > 70kg		Yes / No
Medicine supplied?		Yes / No
Product supplied Levonorgestrel 1.5mg tablets1		Yes / No
Quantity (Quantity may be 2 if patient taking enzyme inducers or BMI over 26)		Yes / No
Batch Number		Expiry Date
ADVICE TO CLIENT LEVONORGESTREL - TICK TO INDICATE DISCUSSION		
<ul style="list-style-type: none"> The patient/carer should be given the following information verbally if appropriate and requested: Advice to client Effectiveness of method, dependent on length of time from UPSI/potential contraceptive failure to treatment Beneficial effects, side effects and risks should be discussed How to take the pill correctly, preferably as an immediate dose in the pharmacy. Breastfeeding mothers may be allowed to take away with them to allow them to feed their child before taking. This should only occur if it fits within the allowed time limits If vomiting occurs within two hours of taking, a repeat dose is required see 'Use outside the terms of the product licence' in PGD When to seek further medical advice e.g. INR check if on warfarin To refer to Sexual Health Clinic or GP if no/light period up to three weeks after treatment Discuss ongoing contraception including Quick Starting Contraception guidance recommending starting contraception immediately after oral emergency hormonal contraception with additional protection as appropriate for the method used Discuss long-acting reversible contraception and give written information that is in line with NICE guidance, CG30, October 2005 Encourage use of condoms and reinforce the safer sex message Recommend sexually transmitted infections screening Supply or recommend condoms as detailed in the service specification Use of the product outside the terms of its licence should be discussed with the patient, including the reasons why this may be necessary Advise where the patient will continue to use a hormonal method of contraception that they should use an additional contraceptive method for 7 days (2 days for progestogen-only pill 9 days for Qlaira) 		
CONDOM SUPPLY - APPEARS FOR UNDER 25S		
Condoms offered?	Yes / No	Quantity supplied
REFERRAL INFORMATION		
Referral necessary?		Yes / No
Copper IUD fitting		Yes / No
More than 72 hours since UPSI - EHC not supplied		Yes / No
Unable to give consent - EHC not supplied		Yes / No
Falls into exclusion criteria in PGD - EHC not supplied		Yes / No
Suspected pregnancy - EHC not supplied		Yes / No
Other - <i>please specify</i>		
No referral needed		Yes / No
Other Notes		
Name of Pharmacist (PRINT)		Signature:
<i>Patient/customer Consent: This section must be signed</i> I agree that the above is a true record of my conversation/ consultation with the pharmacist and agree to this information being logged on PharmOutcomes system in order for the pharmacy to reclaim payment for service provided		Customer Signature: