



Supply of Emergency Hormonal Contraception (EHC)

Fill out for all contacts

1. Patient Details:

Initials: _____ Date of Birth: _____ Full postcode: _____

Date of
Consultation: _____

Is the patient over 16 years Yes No

Is the patient between 13 and 16 years and Fraser Competent? Yes No

2. Reason for EHC:

Unprotected Sexual Intercourse within last 72 Hours Yes No

Unprotected Sexual Intercourse between 72 and 120 Hours ago Yes No

Lack of Protection Due to:

Absence of Contraception Yes No

Failure of Barrier Method Yes No

Pill Error / reduced pill efficacy Yes No

Vomiting within 3 Hours of taking EHC Yes No

Other: Please state: _____ Yes No

3. Exclusion of Prior Pregnancy:

Was the last period unusual in any way? Yes No

Has Unprotected Sexual Intercourse taken place since last period? Yes No

(Without appropriate EHC)

4. Exclusion of Contraindications to EHC:

Is there a history of allergy to Levonorgestrel Yes No

Is there a history of liver disease? Yes No

Is there a history of malabsorption syndrome e.g. Crohn's Disease? Yes No

Is there a history of porphyria? Yes No

Is there a history of unexplained/unusual vaginal bleeding? Yes No

5. Concurrent Medication:

Does the patient take any medication for any other conditions? Yes No



Sexual Health Services 4 Doncaster

(This includes prescription, over-the-counter and herbal medicines)

If Yes:

Is the medication likely to affect the efficacy of EHC? Yes No

Is the medication likely to have detrimental effects Yes No

On any subsequent pregnancy?

Is EHC likely to affect the other medication? Yes No

6. Action Taken:

A. Levonorgestrel 1500 tablet (Levonelle®1500) supplied

B. Levonorgestrel 1500 tablet x2 (Levonelle®1500) supplied

Please state reason: _____

C. No product supplied & referral made

Please state reason: _____

D. No product supplied & advice given only

Please state reason: _____

7. Confirmation of advice given to Patient:

Dosage instructions

What to do if vomiting occurs within 3 hours

Possibility of early/late/light bleeds

When to seek medical advice

Expected efficacy of EHC

Side effects

Long term contraception needs

Sexually transmitted disease risk

Details of use outside product licence (if appropriate)

Signature: _____ Date: _____

Child Protection issues: YES
NO

Action if Yes: