

## Repeat Oral Contraceptive | PGD Risk Assessment Form

**Date:**

Patient's personal details	
Title: Miss: <input type="checkbox"/> Ms: <input type="checkbox"/> Mrs: <input type="checkbox"/> Dr: <input type="checkbox"/>	Patient Address:
First Name:	NHS No. (if known):
Last Name:	GP Name and Address:
Telephone:	GP Telephone (if known):
Gender: <b>Female</b>	Would you like us to send a copy of this consultation to your GP? <input type="checkbox"/>
D.O.B: _____ AGE: _____	

Personal Medical History			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Is the contraceptive for your own use?			
Do you have any recent or past medical history of note?			
Do you take any current or repeat medicines?			
Is there a possibility you may be pregnant?			
Are you over 35 years of age and a smoker?			
Are you overweight? Or have blood pressure problems? (if you are unsure, the pharmacist can check this for you)			
Do you have a family history of blood clots or thrombosis?			
Do you have any of the following conditions? Diabetes, migraine headaches, Cancer, HIV, high blood pressure, liver disease?			

Your Pill			
<i>Tick which of the following applies to you...</i>	Yes	No	<i>Reconfirm details at each appointment.</i>
Have you been taking your current contraceptive pill for more than a year?			
Have you been prescribed the same contraceptive pill for more than 9 months?			
Have you ever had a check up with your doctor / nurse about your contraceptive pill in the last year?			
Are you having any problems with your current contraceptive pill such as irregular bleeding / periods?			

**Write below any further information which may be relevant e.g. medicines taking, conditions, concerns...**

Confidential sexual health patient help lines
FPA (formerly the Family Planning Association) national helpline – <b>0845 3101334</b> Sexual Health Line – <b>0800 567 123</b> Brook Clinic – <b>0800 0815023</b> or <a href="http://www.brook.org.uk">www.brook.org.uk</a> Sexwise – <b>0800 282930</b> or <a href="http://www.maketherightdecision.co.uk">http://www.maketherightdecision.co.uk</a>

**For Official Use**

Retain completed forms for 8 years. Fax or post copy of completed form to GP within 3 months.

This form is intended to be used per supply. For additional supplies to the same patient, a new form will be needed.

Product: e.g. Microgynon					
Date	Quantity*	Referral Required?	Directions	Pharmacist	Signature
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, see below...	<i>Take once daily</i>		
<b>Reason for referral:</b>					
<b>*Maximum of one issue of 3 calendar-packs in each 9 month period.</b>					

Missed Pill Advice	
<b>Combined oral contraceptive pills (21 active tablets)</b>	If three or more 30–35 microgram ethinylestradiol or two or more 20 microgram ethinylestradiol pills have been missed in the first week of pill-taking (i.e. days 1–7) and UPSI occurred in Week 1 or the pill-free week.
<b>Progestogen-only pills</b>	If one or more progestogen-only pills (POPs) have been missed or taken >3 hours late (>12 hours late for Cerazette®) and UPSI has occurred before a further two pills have been taken appropriately.
<b>Intrauterine contraception</b>	If complete or partial expulsion is identified or mid-cycle removal of an IUD/IUS is deemed necessary and UPSI has occurred in the last 7 days.
<b>Progestogen-only injectables</b>	If the contraceptive injection is late (>14 weeks from the previous injection for medroxyprogesterone acetate or >10 weeks for norethisterone enantate) and UPSI has occurred within the last 120 hours.
<b>Transdermal contraception - Evra® Patch</b>	More than 2 days late starting first patch of new pack and has UPSI in week one or the prior patch free week. 7 days late starting third patch of pack, no EHC needed but omit patch free week. If more than 9 days late starting second/third patch, count as UPSI. Up to 7 days late starting second patch, no EHC needed.

**If patient has had UPSI and missed pills then consider EC (as per emergency contraception PGD) do not supply COCs/POPs to patients with suspected pregnancy.**

Additional Advice					
STIs	<input type="checkbox"/>	Barrier Contraceptives	<input type="checkbox"/>	Cervical Screening	<input type="checkbox"/>
Efficacy	<input type="checkbox"/>	Oral Contraceptives	<input type="checkbox"/>	IUD discussed	<input type="checkbox"/>

**PATIENT CONSENT**

I have received information on the risks and benefits of the medicines recommended and fully understand them. I have also had the opportunity to ask questions. I consent to the recommended medicines being given at each appointment\*.

Patient Name / signature ..... / ..... / ..... **Date**.....

Do you consent for our pharmacy and/or our authorising medical agency to contact you regarding customer satisfaction? Yes / No

**PHARMACIST AGREEMENT**

I have consulted the specific PGD which enables me to supply the listed medicine and have found that the patient is included in treatment and there are no valid exclusions applicable. I have given the patient information on the risks and benefits of the medicines recommended and have done my utmost to ensure the patient fully understands them. I have also given the patient the opportunity to ask questions. This will be carried out at each appointment.

Pharmacist Name / signature ..... / ..... / ..... **Date**.....