

Pharmacy Stamp

Date: _____ Pharmacy Phone No. _____

Pharmacist: (block capitals)

Service User Referral: **Pharmacy Emergency Contraception Service**

Name of client: _____

Date of birth _____

The person named above attended our pharmacy on the date above for Emergency Hormonal Contraception and as a result of the information provided to us we consider it appropriate to refer this person to her GP or specialist sexual health service.

This is because:

- After discussing the efficacy/suitability of EHC, the client would prefer the option of an IUD. NO EHC HAS BEEN SUPPLIED.

- After a supervised dose of ULIPRISTAL 30mg / LEVONORGESTREL 1500mg (delete as appropriate) the client has been advised to attend to request an Emergency IUD.

- Client reports UPSI in the last 3 weeks without EHC and pre-existing pregnancy cannot be eliminated, which excludes her from the pharmacy service.

- The client has reported sensitivity to either Ulipristal, Levonorgestrel or one of the product excipients and is therefore excluded from the pharmacy service. An IUD may be advisable if appropriate.

Notes