

South Staffordshire PCT/LPC – Pharmacy Emergency Hormonal Contraception Report form (EHC2)

Month and Year.....

Patient identifier	Post Code	Age	How did patient hear about the service (Code box 1)	Date of UPSI	Previous EHC this cycle?	Hours since UPSI	Reason for request of EHC (Code box 2)	EHC supplied	If not supplied, reason for referral (Code box 3)	Future contraception discussed	Duration of consultation	Date and time of consultation and pharmacist signature
					Y/N			Y/N		Y/N		
					Y/N			Y/N		Y/N		
					Y/N			Y/N		Y/N		
					Y/N			Y/N		Y/N		
					Y/N			Y/N		Y/N		
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					Y/N			Y/N		Y/N		
					Y/N			Y/N		Y/N		
					Y/N			Y/N		Y/N		

Pharmacy stamp

Pharmacists signature.....Print.....

Date.....

Please return this form, along with a fees claimed form to: Phil Galt, Treasurer of South Staffs LPC, Cornwells Chemist, 15 High Street, Newcastle Under Lyme, Staffordshire, ST5 1RB

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Codes for answering questions

Code Box 1 – How did the patient hear about the service?

A	Press article	H	Nacro
B	Friends	I	Youth offending service
C	Youth worker	J	School
D	School nurse	K	Sports activity leader
E	Sticker/poster in pharmacy window	L	NMI
F	Family member	M	Jigsaw Mentorship Programme
G	Connexions	O	Other (including previous user) Please specify on form
		N	Not specified

Code Box 2 – Reason for request of EHC

- 1 Contraception failure
- 2 Split condom
- 3 Missed pill
- 4 No contraception use
- 5 Other – Please specify on form

Code Box 3 – If EHC not supplied, reason for referral

- | | |
|---|-------------------------------------|
| W | Over 72 hours elapsed since UPSI |
| X | Patient medically excluded from PGD |
| Y | Patient not Gillick competent |
| Z | Patient declined |