Southern Health Santé Sud

Emergency Contraceptive Pill Record Form

Client Name:	PHIN:
Date of Birth:	Phone Number:
Address:	Date:

Health Hx

Do you use a form of birth control? □ yes □ no Type: _____

Prescribed by:_____

Last unprotected sex: Date: _____ Time: _____

Have you missed pills? □ yes □ no □ n/a # of pills missed_____

Have condoms ever slipped or broken? □ yes □ no □ n/a Date: _____ Times: _____

Have you been sexually assaulted or forced to have sex? □ yes □ no Comments:_____

When was the 1st day of your last menstrual period? *Date: _____

if date is more than 4 weeks ago, perform pregnancy test

Sexual Hx

STI Risk Factors: □ yes □ no _____

Referral for STI screening? □ yes □ no _____

Blood-borne infection risk □ yes □ no _____

Communication with parent about reproductive health choices □ yes □ no □ n/a _____

Physical Exam

BP □ _____

Last Pap □ _____ STI Testing □ _____ Pregnancy Test □ Pos □ Neg □ n/a

Regular Health Care Provider:_____

Teaching

How to use ECP □ yes □ no Review potential side effects: □ yes □ no

Discuss importance of regular reliable method of birth control □ yes □ no STI education □ yes □ no

Print resources given: □ yes □ no □ ECP handout □ STI handout □ Sex – You Decide
□ Other:_____

Referral & Follow-up

Community Resources discussed □ yes □ no Decision making/communication discussed □ yes □ no

Referral □ yes □ no Referred to: _____

Follow-up planned □ yes □ no Date: _____

ECP

ECP provided: _____ Lot #_____Expiry date:_____

Condoms provided □ yes □ no

Sign/ Date

*Indicates that additional data is documented on attachment/progress note.