

**Pharmacist Initiated Oral and Transdermal Self-Administered Combined Hormonal and Progestin-Only Contraceptives
Patient Documentation & Communication Form for Primary Care or other Medical Provider**

Patient Name: _____ **DOB:** _____ **Visit Date:** _____

Blood pressure: _____ **Last Menstrual Period Date:** _____

PCP: _____ **Clinic:** _____ **Fax:** _____

Assessment: Patient is a candidate for oral or transdermal combined hormonal contraception and/or progestin-only contraception per statewide standing order

Plan: **Dispensed:** _____ **Refills:** _____

Assessment: Patient is **NOT** a candidate for oral or transdermal hormonal contraception and/or progestin-only contraception per statewide standing order.

Plan: Refer to primary care provider or other medical provider for additional assessment.

Patient confirms use of folic acid supplement _____ mcg/day

Patient provided folic acid supplement at today's visit _____ mcg/day

Patient experienced side effects with contraceptives _____
Adjustments made/management _____

Rationale for referral to primary care or other medical provider includes:

- Patient eligibility screening confirms patient has a [US MEC category 3 or 4 condition](#) requiring provider referral. Note Condition: _____
- Patient believes she may be pregnant, and/or eligibility screening questions indicate patient may be pregnant.
- Blood pressure is above 140/90 mmHg.

Patient does not have a primary care provider:

- Provided education on importance of a primary care provider and/or woman's health provider
- Provided information on local providers, FQHC, health department and/or free clinic

Patient education discussed:

- Discussion of all contraceptive options available
- Quick start method
- ACHES acronym for serious side effects (e.g., abdominal pain, chest pain, severe headache, eye pain, severe leg pain) – patient to contact primary care or other medical provider immediately
- Common side effects in the first 3 months (e.g., headache, breast tenderness, nausea, vaginal spotting) – patient to contact pharmacist, primary care provider, or other medical provider. If symptoms have not resolved in 3 months, contact primary care provider or other medical provider.
- How to manage missed doses
- Use of barrier methods to prevent sexually transmitted infections
- Use of multivitamin with folic acid to prevent neural tube deficits
- How to manage refills
- Importance of preventative care, health screenings, and well woman healthcare visits

Pharmacist

Pharmacy Name & Address

For Pharmacy Use Only

Faxed to provider _____ by _____

Date

Responsible Party