

FAMILY PLANNING EMERGENCY CONTRACEPTION RECORD

Date \_\_\_\_\_  
Name \_\_\_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Allergies \_\_\_\_\_  
Current Method of Contraception \_\_\_\_\_  
Current Medications \_\_\_\_\_  
Last Normal Menstrual Period (LNMP) \_\_\_\_\_  
Last bleeding episode, if not LNMP \_\_\_\_\_  
  
Reason for requesting Plan B \_\_\_\_\_  
Date of most recent unprotected sexual intercourse \_\_\_\_\_ Time \_\_\_\_\_ AM/PM  
Number of hours since unprotected intercourse \_\_\_\_\_  
Any other unprotected intercourse since LNMP or other bleeding episode  yes  no  
If yes, list dates and times of other unprotected intercourse \_\_\_\_\_

**History**

Now pregnant?  yes  no  
Unexplained vaginal bleeding?  yes  no  
Allergy to any ingredient in Emergency Contraception?  yes  no

**Urine Pregnancy Test**  pos  neg

**Exam** (if indicated) \_\_\_\_\_

**EC Consent signed?**  yes  no

**EC Rx:** \_\_\_\_\_

**PO immediately**  yes Time given \_\_\_\_\_  
 no

**Follow-up Appt/Plan** \_\_\_\_\_

**Contraception** (initiated, continued, or restarted)

- Post-Emergency Contraception Instructions discussed
- Condoms  offered  given
- Quick Start contraception initiated (Indicate method) \_\_\_\_\_
- Established method of contraception continued/restarted (Indicate method) \_\_\_\_\_

**Comments** \_\_\_\_\_

**Date** \_\_\_\_\_ **RN Signature** \_\_\_\_\_

**Interpreter Signature** \_\_\_\_\_ **Clinician Signature** \_\_\_\_\_