

FAMILY PLANNING EMERGENCY CONTRACEPTIVE PILLS RECORD

Name _____

Age _____ Date of Birth _____

Allergies _____

Current Method of Contraception _____

Current Medications _____

Last Normal Menstrual Period (LNMP) _____

Last bleeding episode, if not LNMP _____

Unprotected sexual intercourse

Reason for requesting ECPs _____

Date _____ Time _____ AM / PM

of hours since last unprotected intercourse _____

Any other unprotected intercourse since LNMP or other bleeding episode yes no

If yes, # of episodes of unprotected intercourse _____

List dates and times of other unprotected intercourse _____

History

Now pregnant yes no

Unexplained vaginal bleeding yes no

Allergy to any ingredient in ECPs yes no

Urine Pregnancy Test (if indicated) pos neg

Exam (if indicated) _____

Consent signed

Rx (check medication given)

- Plan B, 2 tablets PO immediately
- Plan B One-Step, 1 tablet PO immediately
- Next Choice, 2 tablets PO immediately

Follow-up Appt/Plan _____

Contraception (initiated, continued, or restarted)

- Post-ECPs instructions discussed
- Condoms offered given
- Quick Start contraception initiated _____
- Established method of contraception continued/restarted _____

Comments _____

Date _____ **CHN Signature** _____

Interpreter Signature _____ **Clinician Signature** _____