Informed Consent for Emergency Contraception

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Patient Name		**HSN**	
Physician Name		**Fax #**	
Pharmacist Name		**Fax #**	
Pharmacy Name:		**Phone #**	

For Immediate Use

1st Day of last menstrual period				
	Day	**Month**		**Year**
Date & Time of unprotected sexual intercourse				
	D	**M**	**Y**	**Time**
Was a method of birth control used?				

If yes, what type of failure was encountered?

- ☐ Missed 2 or more birth control pills in a row
- ☐ Started new package of birth control pills 3 or more days late
- ☐ Condom broke
- ☐ Diaphragm taken out too early or torn
- ☐ Other _____

Pharmacist Use Only

ECP Provided	☐ **Plan B®**	☐ **Ovral®**	☐ **None**	☐	**Other**
*If ECP was not dispensed, indicate reason:					
Antiemetic Provided:	☐ **Yes**	☐ **No**	☐ **Patient has at home**		
Referral:	☐ **For STD Assessment**	☐ **For regular birth control**	☐ **Other** _____		

***Adapted, with permission, by the Saskatchewan College of Pharmacists from the College of British Columbia's document "How to Use Emergency Contraceptive Pills: Patient Information," available on the web at www.bcpharmacists.org* – August, 2004**

To Be Completed By The Patient

Before providing the pharmacist with your consent to receive Emergency Contraception, it is important for you to review the pros and cons of Emergency Contraceptive Pills (ECP) as outlined on this page. *It is important that you understand the information and have the opportunity for the pharmacist to address any of your questions or concerns before signing this form to indicate your consent.*

I, _____, understand that: ***(please check each box once you have read and understood the information):***

☐	ECP's contain hormones that act to prevent pregnancy. These pills are taken after having unprotected sex (*sex without birth control or birth control failure*). They are to be used as an **emergency treatment only** and not as a routine method of contraception	☐	**I should use a method of birth control** (i.e.: a condom, spermicides, a diaphragm, or continue taking birth control pills) to prevent pregnancy if I have sex before my next menstrual period. After that, I should use a **routine** method of contraception
☐	ECP works by preventing or delaying the release of an egg from the ovary, preventing fertilization, or causing changes in the lining of the uterus that may prevent implantation of a fertilized egg. **I understand that if I am already pregnant, ECP's will not stop or interfere with my pregnancy**	☐	**ECP's will not protect me from or treat sexually transmitted diseases** and I should seek diagnosis and treatment if: a) I have had sex with a new partner in the past month, *OR* b) my partner has had sex with someone else in the past month, *OR* c) my partner has a sexually transmitted disease, *OR* d) if I have had 2 or more partners in the last 6 months
☐	**I should see a physician if** my period has not started within 3 weeks of treatment with ECP		
☐	**Side effects to ECP** may include: nausea, vomiting, fatigue, dizziness, breast tenderness, early or late menstrual period	☐	I acknowledge that this prescription will be entered on my Saskatchewan Health medication profile
☐	ECP treatment can be used **within 5 days (120 hours)** of unprotected sex	☐	ECP's are **not 100% effective**

To Be Completed In The Presence Of The Pharmacist

I, _____, herby consent for the pharmacist to communicate this decision to my medical practitioner at the earliest possible opportunity.

_____	_____	_____	_____
Patient's Signature	**Date**	**Pharmacist's Signature**	**Date**

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