

Community Pharmacy emergency contraception scheme for  
Peterborough Primary Care Trust

**Client Record Sheet for supply of  
Levonelle 1500® (In Confidence)**

**Client Unique Identifier**  
.....

This form has to be completed to ascertain whether you can be supplied with emergency contraception. All details are anonymous and will not be shared with a third party.

<p><b>Client Background Details:</b></p> <p><b>Client Initials</b> ..... <b>Date of Consultation</b> .....</p> <p><b>Date of Birth</b> ..... <b>First 2 letters of Postcode</b> ..... <b>First 3 numbers of Postcode</b>.....</p> <p><b>Reason for Request of EHC:</b> (circle that which applies)</p> <p>No Contraception/ Split condom/Missed pills/ Vomited Levonelle 1500® dose/Other (specify).....</p> <p><b>Ethnic Category:</b> Please request client complete on a voluntary basis: (circle that which applies)</p> <p>White/Mixed/Asian or Asian British/Black or Black British/Not stated</p>
--

**Client History:**

What day of your cycle are you? .....

What is the client's current regular method of contraception? (Circle that which applies)

**Condom/Pill/IUD/Implant/None/Other (specify)**.....

If not on the pill, length of normal menstrual cycle (days)? ..... **Usual/Irregular?**

If missed pills, give details:.....

Has the client had Levonelle 1500® since the LMP? **Yes/No**

**Criteria for Inclusion (all answers must be ‘yes’)**

If ‘no’ answered to any of the questions, refer the client to their GP or Contraception and Sexual Health Clinic

	YES	NO
Has unprotected sexual intercourse (UPSI) occurred within the previous 72 hours and is this the first episode of UPSI since day 1 of last normal period?  <b>Where a client has vomited the dose of Levonelle 1500®, then it must also be confirmed that this occurred within 3 hours of ingestion.</b>		
Have all options for Emergency Contraception been discussed?		
Client prefers hormonal method		

**Criteria for Exclusion – requires referral (if answer ‘yes’)**

	YES	NO	NOTES
Did UPSI occur more than 72 hours ago?			If yes, refer. IUD may be appropriate.
Has the client used any other form of Emergency Contraception this cycle?			If yes, refer but <b>note that if Levonelle 1500® dose has been taken &amp; vomited, repeat supply may be appropriate (see Appendix to PGD).</b>
Is it possible from the menstrual/sexual history that the client may be pregnant?			Is the period late? Was the LMP lighter or shorter than normal or unusual in any way? Since the last period has the client had UPSI at any time before this time? Refer to CaSH Clinic or GP for advice.
Is the client allergic to any of the ingredients of Levonelle 1500®?			If yes, refer. IUD may be appropriate.
Is the client taking an interacting treatment now, or has done so in the last 28 days?			Refer to the current version of the BNF and Summary of Product Characteristics.
Is the client taking warfarin?			If yes, refer to the GP.
Does client have breast cancer?			If yes, refer.

Does client have a malabsorption condition, severe liver disease or active acute porphyria?			If yes, refer.
Does the client wish to see a doctor?			If yes, refer.

### If under 16 years old, assessment of Fraser Competence

An under 16 year old may give a valid consent to treatment if they have sufficient understanding to enable them to comprehend fully the proposed treatment i.e. she has made a free choice from all the available options, she has gone through a rational decision process and she can understand and tell you about the side effects, failure rates and what to do if treatment fails.

Does the client understand the advice that she has been given?	Yes/No
Have you advised and encouraged her to discuss the situation with her parent/guardian?	Yes/No
Is her physical or mental health or both likely to suffer unless she receives emergency contraceptive treatment?	Yes/No
Is the treatment in the client's best interests without parental consent?	Yes/No

If the answer to any of the above questions is 'NO' then the client **must be referred** to her GP or CaSH Clinic as a matter of priority so that treatment may still take place within the necessary timeframe.

<u>Detail here any additional information relevant to you making the decision to supply EHC to this young person?</u>
---

### Counselling (Tick to indicate you have covered the following)

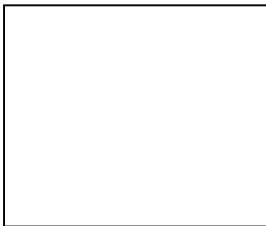


**Client's Signature:** .....

**Date:** .....

**The stated action was based on the information given to me by the client, which is correct to the best of my knowledge.**

**Pharmacy Stamp:**



**Issuer's name & signature**

.....  
.....  
.....  
.....

**Date:**

**PETERBOROUGH SAFEGUARDING CHILDREN BOARD**  
**RISK ASSESSMENT FOR SEXUALLY ACTIVE UNDER 16'S**

Name \_\_\_\_\_ M/F \_\_\_\_\_ DoB \_\_\_\_\_ Age \_\_\_\_\_  
 GP \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_

Contact numbers \_\_\_\_\_  
 School \_\_\_\_\_

Ethnic origin \_\_\_\_\_ First language \_\_\_\_\_ Any allergies? \_\_\_\_\_

Confidentiality/Potential information sharing discussed  (please tick box)

Accompanied today by \_\_\_\_\_ Referred by \_\_\_\_\_

Sexually active? **YES / NO** If yes: age at first sex? \_\_\_\_\_ If no are they likely to begin? **YES / NO**

Last sexual activity \_\_\_\_\_ Last monthly period \_\_\_\_\_ Current contraception used \_\_\_\_\_

Regular partner? **YES / NO** Length of relationship \_\_\_\_\_

Name and age of partner \_\_\_\_\_ Ethnic origin if known \_\_\_\_\_

Who do they live with? \_\_\_\_\_ Is the parent/carer aware of the sexual activity/relationship? **YES / NO**

Is there an adult who can offer support? **YES / NO** If yes, who? \_\_\_\_\_

<p><b>RISK FACTORS</b>  <b>Consider:</b></p> <ul style="list-style-type: none"> <li>• A concerning age difference.</li> <li>• circumstances of partner e.g. locality, do they drive, do they work?</li> <li>• whether bribery used to secure consent or secrecy.</li> <li>• young persons access to partner e.g. opportunity, internet.</li> <li>• any imbalance of power within the relationship.</li> <li>• any evidence of social isolation e.g. social activities.</li> <li>• any evidence of violence, threats or attempts to gain secrecy.</li> <li>• the possibility of self-harm or self abuse.</li> <li>• any previous history of abuse?</li> </ul>	<p><b>FRASER GUIDELINES FOR UNDER 16'S</b>  Professionals can give contraceptive advice and/or treatment to a young person under 16 without parental consent provided they are satisfied that:</p> <ul style="list-style-type: none"> <li>• The young person understands the advice</li> <li>• The young person cannot be persuaded to tell his or her parents or allow the doctor to tell them that their child is seeking contraceptive advice</li> <li>• The young person is likely to begin or to continue to have sex with or without contraception</li> <li>• The young person's physical or mental health are likely to suffer unless he or she receives contraceptive advice or treatment</li> <li>• It is in the young person's best interests to give contraceptive advice or treatment</li> </ul> <p>I am satisfied that this young person meets the above guidelines <b>YES / NO</b></p> <p>SIGNATURE <span style="float: right;">DATE</span></p>
--	---

Are there any signs of alcohol or substance misuse relating to the sexual activity?

**YES / NO**

Is there any evidence or information about self-harming? **YES / NO**

Issues of concern? **YES / NO** If yes please document below

**Summary/any other information:**

---



---



---



---



---

ACTION TAKEN	YES	NO	
If you have concerns, have they been discussed with the young person?			If no, please document reasons why above
Have you discussed your concerns with the child protection lead?			Please document above
Has a referral been made?			Details:

Signature of person completing risk assessment:

Agency:

Print:

Date

THIS PAGE IS INTENTIONALLY BLANK