

PHARMACIST ASSESSMENT RECORD – Hormonal Contraception

Patient Information		Pharmal	Net Check	□ P	atient Elig	gible			
Name:	PHN:		DOB:		(Age<	<12 →refer)			
Address:	☐ Allergies:								
Telephone:	 □ Breastfeeding/Chestfeeding □ ≤ 6 weeks postpartum → Refer 								
Blood Pressure: mmHg (see guideline for interim measures during COVID)	Height: c	cm We	eight:	kg	вмі:	m²/kg			
CHC= combined hormonal contraceptive; DMPA= depo medroxyprogesterone; DVT= deep vein thrombosis; DBP= diastolic blood pressure; EC= emergency contraception; HTN= hypertension; MI= myocardial infarction; PE= pulmonary embolism; POP= progestin only pill; SBP = systolic blood pressure; STI = sexually transmitted infection: TIA = transient ischemic attack									
Patient History									
Has the patient had menarche (first period)? \square Yes \rightarrow Continue \square No \rightarrow Refer Date of last period: Any EC used since last period? \square No \square Yes; If yes, when? (see guideline "Treatment" section for further direction) Unusual changes to menstrual pattern? \square Yes \rightarrow Refer \square No \rightarrow Continue Planning a pregnancy within the next year? \square Yes \rightarrow Continue \square No \rightarrow Discuss the option of LARCs and refer if preferred or continue									
Drug History									
Antibiotics: Rifampin and rifamycin ☐ Yes → CHC & POP effectiveness decreased, discuss non-hormonal contraception, DMPA, LARC ± refer Antiepileptics: Carbamazepine, phenobarbital, phenytoin, topiramate, primidone, oxcarbazepine, rufinamide, eslicarbazepine ☐ Yes → CHC & POP effectiveness decreased, discuss non-hormonal contraception, DMPA, LARC ± refer Lamotrigine ☐ Yes → CHCs can decrease levels of lamotrigine, discuss non-hormonal contraception, POP, DMPA, LARC ± refer Antiretrovirals: ☐ Yes → CHCs and POP may be affected by certain antiretrovirals, or the antiretroviral may be affected Discuss non-hormonal contraception, DMPA, LARC ± refer									
Medical History									
Does the patient have any of the following contraindicat ☐ Breast cancer (past or current) ☐ Severe cirrhosis or liver tumor ☐ Cerebrovascular disease (e.g. stroke, TIA, etc.) ☐ Ischemic heart disease (past or current) (e.g. angina, ☐ Systemic lupus erythematosus ☐ Undiagnosed abnormal vaginal bleeding ☐ No → Continue		P or DMI	PA?						

Does the patient have any of the following contraindications to CHC or DMPA? (skip this step if your patient prefers POP)
☐ Diabetes with microvascular complications (e.g. retinopathy, neuropathy, nephropathy) or diabetes > 20 years ☐ Uncontrolled hypertension (SBP ≥160 mm Hg or DBP ≥100 mm Hg) or hypertension with vascular disease
 □ No → Continue □ Yes to any → Not a candidate for CHC or DMPA. Prescribe POP, non-hormonal contraception ± refer
Does the patient have any of the following contraindications to CHC? (skip this step if your patient prefers DMPA or POP)
☐ Venous thromboembolism (current or past) (e.g. DVT or PE)
\square Complicated valvular heart disease (e.g. atrial fibrillation, pulmonary hypertension, etc.)
☐ Thrombogenic mutations (e.g. Factor V Leiden, prothrombin mutation, protein S, protein C and antithrombin deficiencies, etc.)
☐ Migraine with aura at any age
 ☐ Migraine without aura if ≥ 35 years old ☐ Diagnosis of hypertension: Controlled or uncontrolled SBP ≥140 mm Hg or DBP ≥90 mm Hg
 □ Smoker ≥ 35 years old (any amount)
☐ Inflammatory bowel disease (e.g. Crohn's, colitis)
☐ Prolonged immobilization (e.g. major surgery)
☐ Acute viral hepatitis
\square No \rightarrow Continue
\square Yes to any \rightarrow Not a candidate for CHCs, consider DMPA, POP, non-hormonal contraception \pm refer
Does the patient have two or more of the following risk factors? (skip this step if your patient prefers POP)
☐ Age ≥ 35 years old
☐ Smoker (any amount) < 35 years old
☐ Diabetes (controlled)
☐ Dyslipidemia: low HDL, high LDL or high TGs
 ☐ High blood pressure: SBP ≥140 mm Hg or DBP ≥90 mm Hg ☐ Obesity (BMI >30kg/m²)
☐ Obesity (Bivit > 30kg/fit) ☐ Migraine without aura and < 35 years old
□ No → Continue
☐ Yes to ≥2 risk factors → CHCs & DMPA may not be the best options, prescribe POP or non-hormonal
contraception ± refer
Other Medical History:
Symptom Review Summary
☐ Appropriate to proceed with minor ailment treatment
☐ Advised to see another health care provider as out of scope
Contraceptive Recommended (based on assessment completed above)
☐ Combined hormonal contraceptive (CHC)
☐ Oral ☐ Transdermal patch ☐ Vaginal ring
□ Progestin only pill (POP)
 Depo medroxyprogesterone acetate (DMPA) *See guideline for available products and guidance on choosing therapy
□ Other:

Prescription Issued for Minor Ailment □							
Rationale for prescribing:							
Rx:							
Quantity:							
(If new prescription: provide two month supply, or 3 month supply for DMPA, Seasonale or Seasonique) (If renewal of SAME product: provide 1 year supply)							
Directions:							
Other Recommendations (e.g., OTC, self-care, referral	to other healthcare provider):						
Counselling May have prescription filled at pharmacy of choice PAR will be communicated to primary care provider as part of collaborative practice							
 □ Start date, correct use of the product, and when contraceptive effect begins (i.e. need for backup contraception) □ What to do about missed doses and where to find information □ Side-effect advice (ACHES mnemonic) and management strategies; reassure patients minor side effects usually resolve within 3 to 6 months □ STI prevention and safe sex practice 							
Follow up scheduled in [1 month (CHC/POP); 2 months (DMPA)]: Note: no follow up required for prescription renewals of SAME product							
 □ In pharmacy □ If product is acceptable to the patient → Provide refills for up to one year □ If product is not acceptable or tolerable to the patient → Trial a different product (Maximum of two trials) □ Check adherence and knowledge about missed dose management □ Check for any changes in medical or medication history □ Assess for side effects →If minor, reassure that they usually resolve within 3 to 6 months. → If very bothersome, prescribe a different product or refer. (Maximum of two trials) 							
Prescribing Pharmacist:							
Name:	Pharmacist License Number:						
Pharmacy:	Pharmacy Address:						
Signature: //	Date:						
Telephone:	Fax:						
Primary care provider notified (Date): Method of Notification:							
Primary Care Practitioner:	Fax:						

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Pharmacist Minor Ailment Prescribing Record

То									
This document is to inform you I met with your patient below who presented with a request for hormonal contraception . After an assessment, a prescription was issued for .									
The prescription details and rationale keep your records for this patient up t	•	ion are documented	below. This i	is for your in	formation to				
Patient Demographics:									
Name:		PHN:							
Address:		DOB:							
Telephone:	elephone:								
Blood Pressure: mmHg F	leight: cm	Weight:	kg	BMI:	m²/kg				
Prescription Issued on:									
MEDICATION: DIRECTIONS: QUANTITY:									
Rationale for prescription / relevant patient	information:								
I will follow up with the patient on		and discuss the	se items:						
 ☐ If product is acceptable to the patient → Provide refills for up to one year ☐ If product is not acceptable or tolerable to the patient → Trial a different product (Maximum of two trials) ☐ Check adherence and knowledge about missed dose management ☐ Check for any changes in medical or medication history ☐ Assess for side effects → If minor, reassure that they usually resolve within 3 to 6 months. → If very bothersome, prescribe a different product or refer. (Maximum of two trials) 									
Prescribing Pharmacist:									
Name:		Pharmacist License Number:							
Pharmacy:		Pharmacy Address:							
Signature: //ph		Date:							
Telephone:		Fax:							
Primary care provider notified (Date): Method of Notification:									
Name:		Fax:							