

EMERGENCY CONTRACEPTION PROGRESS NOTE

Patient Name _____ Date _____

Date of Birth _____

SUBJECTIVE: (CLIENT PLEASE ANSWER THE FOLLOWING QUESTIONS COMPLETELY)

1. The first day of my last normal menstrual period was _____
2. Date of my last intercourse _____ Time: _____

OBJECTIVE: (CLINICIAN TO COMPLETE)

Blood Pressure: _____ Weight _____ Height _____ BMI _____

Pregnancy Test (circle): Positive Negative N/A

ASSESSMENT:

Based on the information above, there ARE ARE NOT contraindications to starting emergency contraception.

PLAN:

	PILL BRAND NAME	INITIAL DOSE	DOSE-12 HOURS AFTER INITIAL
	Lo/Ovral	4 white pills	4 white pills
	Levlen	4 light-orange pills	4 light-orange pills
	Nordette	4 light-orange pills	4 light-orange pills
	Triphasil	4 yellow pills	4 yellow pills
	Alesse	5 pink pills	5 pink pills
	Plan B	2 pills	No second dose needed
	Next Choice One Dose™	1 pill	No second dose needed
	Plan B One Step™	1 pill	No second dose needed
	ella®	1 pill	No second dose needed

- | | |
|--|--|
| <input type="checkbox"/> Emergency contraception information and instructions | <input type="checkbox"/> Provided FDA package insert |
| <input type="checkbox"/> Emergency contact information | <input type="checkbox"/> Dispensed condoms |
| <input type="checkbox"/> Return to clinic in 3 - 4 weeks if no menses or if desires family planning services | |
| <input type="checkbox"/> Other _____ | |

Discussed contraceptive plan: Dispensed method: _____

Clinician Signature _____ **Date** _____