





CONTRACEPTION: Pharmacist Referral and Visit Summary

Pharmacy Name:		Pharmacist Name:	
Pharmacy Address:			
City:		State:	ZIP Code:
Pharmacy Phone: ()		Pharmacy Fax: ()	

Today the following hormonal contraception was dispensed to you: _____

OR

A hormonal contraceptive was not dispensed to you today because:

✓	REASON	NOTES
	Pregnancy cannot be ruled out.	New York State Family Planning Centers health.ny.gov/FamilyPlanningSites  New York State Provider & Health Plan Look-Up Tool https://pndslookup.health.ny.gov/ 
	You may have reported that you have been diagnosed with a health condition than requires further evaluation.	Notes:
	You take medication(s) or supplements that may interfere with contraception.	Medication interaction:
	Your reported use of tobacco products is contraindicated with the hormonal contraceptives reviewed today.	For assistance with tobacco cessation: Call 1-866-NY-QUITS (1-866-697-8487) toll free, or Text (716) 309-4688 Website: nysmokefree.com
	You prefer a form of contraception that is not able to be dispensed without a prescription from a health care practitioner or must be administered by a health care practitioner (injectable, implant, IUD [intrauterine device]).	New York State Family Planning Centers health.ny.gov/FamilyPlanningSites  New York State Provider & Health Plan Look-Up Tool https://pndslookup.health.ny.gov/ 
	You have requested a combined contraceptive and your blood pressure reading is ____ / ____ .	Blood Pressures $\geq 140/90$ are ineligible for any combined hormonal contraceptive (estrogen + progesterone) pill, patch, or ring.

Each checked box requires additional evaluation by a health care provider. Please share this information with your provider.

The information gathered from the visit today including the hormonal contraceptive that was dispensed or the reasons preventing us from dispensing a hormonal contraceptive to you can be shared with your primary care provider if you have one. You indicated that:

- I **DO** want this information sent to my Primary Care Provider
 I **DO NOT** want this information sent to my Primary Care Provider
 I **DO NOT** have a Primary Care Provider

Routine Care with a clinical provider is important since most health services are not available at the pharmacy including:

- Sexually transmitted infection (STI) screening
- Cervical Cancer Screening (PAP Smears) – starting at age 21
- Breast Cancer screening depending on family history, risk factors, and findings on breast exam
- Screening and management of menstrual related disorders including but not limited to ovarian cysts, fibroids, endometriosis, polycystic ovarian syndrome (PCOS), infertility concerns, and others