

Patient Name _____ Date _____

Pharmacist Referral and Visit Summary

___ Today you were prescribed the following hormonal contraception: _____
(Notes: _____)

If you have a question, my name is _____

Please review this information with your primary care or women's health provider.

- or -

___ I am not able to prescribe hormonal contraception to you today, because:

- Pregnancy cannot be ruled out. (Notes: _____)
- You have a health condition than requires further evaluation. (Notes: _____)
- You take medication(s) or supplements that may interfere with patches or pills. (Notes: _____)
- Your blood pressure reading is higher than 140/90 units. (____/____)

Each requires additional evaluation by another healthcare provider. Please share this information with your provider.

Pharmacist Name _____
Pharmacy Name _____
Address _____
Phone _____

Attention Pharmacy: This is a template document. Please feel free to customize it to your particular company, however you **must retain all elements** set forth by this template.