

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 \_\_\_\_\_

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 hormonal contraception. (Notes: \_\_\_\_\_)

Your blood pressure reading is higher than 140/90. ( \_\_\_\_/\_\_\_\_)

**Please review this information with your primary care or gynecologic care health provider.**

**For further information about safe and effective, long-acting reversible contraception (IUD/implants) visit [www.bedsider.org](http://www.bedsider.org)**

Pharmacist Name \_\_\_\_\_

Pharmacy Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_