ROCKFIELD PHARMACY

QUESTIONNAIRE PRIOR TO ISSUING ellaOne 30mg

You are eligible for **free** emergency contraception if you are aged **17-35** and have a **PPS number**, or if you have a **medical card.**

Full name: _____

Date of birth: _____/_____/_____

PPS Number: _____

Address: _____

Is ellaOne tablet intended for the patient personally?	YES	NO
Has there been unprotected sexual intercourse within the last 120 hours?	YES	NO
Is there a possibility that the patient is already pregnant?	YES	NO
What was the date of the **start** of the patient's last period?	Date:	
Is the patient's period late? If yes, how late?	YES _____	NO
Was the last cycle in any way unusual (change in the menstrual flow volume or duration)?	YES	NO
After the last period, did the patient have unprotected sexual intercourse prior to this situation?	YES	NO
Has the patient used ellaOne since her last period?	YES	NO
Is the patient taking any other medications, including OTC and herbal medication? If yes, which ones?	YES _____	NO
Is there any problem which could affect ellaOne absorption, such as vomiting, heavy diarrhoea, inflammatory bowel disease?	YES	NO
Is there a known allergy or any adverse effect of ellaOne tablet?	YES	NO
Has the patient ever had an extrauterine pregnancy or pelvic inflammatory disease?	YES	NO

Signature: _____ Date: _____