



## EMERGENCY CONTRACEPTIVE PILL FORM

Name \_\_\_\_\_ Banner # 

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Date of Birth: \_\_\_\_\_ 1<sup>st</sup> day of last menstrual period: \_\_\_\_\_

Date of exposure: \_\_\_\_\_

Time of exposure: \_\_\_\_\_ a.m. p.m.

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

### HEALTH HISTORY:

Emergency contraception used in last 14 days:    N/A    Plan B    Ella    Copper IUD

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

\_\_\_\_\_

Current Medications:    Oral Contraceptive Pills    IUD    NuvaRing    Contraceptive Patch

Other: \_\_\_\_\_

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

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### FOR OFFICE USE ONLY:

Student BMI: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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|-----------------------|----------------------------------|
| Review of Information | Provider consult if needed       |
| Plan B                | MD Order + directions for Plan B |
| Ella                  | MD Order + directions for Ella   |

**NURSE SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_