

Student Health Service • Division of Student Affairs

1 Hawk Drive • New Paltz, NY 12561-2443 • 845-257-3400 • Fax 845-257-3415 healthservice@newpaltz.edu

NURSE SIGNATURE \_\_\_\_\_

## **EMERGENCY CONTRACEPTIVE PILL FORM**

Name	Banner # N
Date of Birth: 1st day of last menstrual per	riod:
Date of exposure:	
Time of exposure: a.m. p.m.	
Height: Weight:	
HEALTH HISTORY:	
Emergency contraception used in last 14 days: N/A	A Plan B Ella Copper IUD
Allergies:	
Medical Problems:	
Current Medications: Oral Contraceptive Pills	IUD NuvaRing Contraceptive Patch
Other:	
Other: STUDENT SIGNATURE	
STUDENT SIGNATURE	
FOR OFFICE USE ONLY:	DATE
FOR OFFICE USE ONLY: Student BMI:	DATE
FOR OFFICE USE ONLY: Student BMI:	DATE
FOR OFFICE USE ONLY: Student BMI: Notes:	DATE
FOR OFFICE USE ONLY:  Student BMI:  Notes:  Review of Information Prov	DATE
FOR OFFICE USE ONLY:  Student BMI:  Notes:  Review of Information Prov	ider consult if needed

DATE \_\_\_\_\_