

EMERGENCY CONTRACEPTION AUDIT. Enter Audit Quarter for claim -

2010

PLEASE MARK THE APPROPRIATE BOX

PHARMACY
ADDRESS

POSTCODE

Updated Jun-10

patient	date supplied	Patient's FULL postcode	REASON FOR REQUEST				REASON FOR REQUEST																
			age under 20 - PLEASE ASK FOR EXACT YEAR OF AGE	age 20-30	age 31-40	age 41+	missed pill	burst condom	no contracep used	other - specify	supplied levonelle-2	not supplied levonelle-2	reason for not supplying	referred to GP	not referred to GP	where did the patient hear about this?	how long did consultation take?	Did alcohol play any part in this sexual encounter?	Did drugs play any part in this sexual encounter?	Number of Chlamydia Kits distributed			
Example	30/10/2007	PO38 2EL	18				x					x					x	friend	10 mins	Yes/ No	Yes/ No	Yes/ No	
Day = Mon																							
1																							
2																							
3																							
4																							
5																							
6																							
7																							
8																							
9																							
10																							
11																							
12																							

Completed forms please return to Becky Langdon in the Medicines Management Team

PCT HQ, South Block, St Mary's Hospital, Newport

IOW PO30 5TG