Pharmacist Referral and Visit Summary

___ Today you were prescribed the following hormonal contraception: _______________________________
(Notes: ________________________________________________________________________________)

If you have a question, my name is __________________________________________________________

Please review this information with your primary care or women’s health provider.

- 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 patches or pills. (Notes: ____________)
  □ Your blood pressure reading is higher than 140/90 units. ( _____/_____ )

Each requires additional evaluation by another healthcare provider. Please share this information with your provider.

Pharmacist Name______________________________________________________________
Pharmacy Name______________________________________________________________
Address_________________________________________________________________________
Phone__________________________________________________________________________

Attention Pharmacy: This is a template document. Please feel free to customize it to your particular company, however you must retain all elements set forth by this template.