

Colorado State Board of Pharmacy Approved Statewide Protocol for Prescribing Hormonal Contraceptive Patches and Oral Contraceptives

(Appendix A)

This collaborative pharmacy practice statewide protocol authorizes qualified Colorado-licensed pharmacists ("Pharmacists") to perform the pertinent physical assessments and prescribe hormonal contraceptive patches and oral contraceptives under the conditions of this protocol and according to and in compliance with all applicable state and federal laws and rules.

Definitions

- (1) "Clinical visit" means a consultation with a healthcare provider, other than a pharmacist, for women's health, which should address contraception and age-appropriate screening.
- (2) "Hormonal contraceptive patch" means a transdermal patch applied to the skin of a patient, by the patient or by a practitioner, that releases a drug composed of a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy.
- (3) "Oral hormonal contraceptive" means a drug composed of a hormone or a combination of hormones that is approved by the United States Food and Drug Administration to prevent pregnancy and that the patient to whom the drug is prescribed may take orally.

Training Program

Only a Colorado-licensed pharmacist, who has completed an Accreditation Council for Pharmacy Education (ACPE) accredited educational training program related to the prescribing of contraceptives by a pharmacist, may dispense hormonal contraceptive patches and oral hormonal contraceptives to a patient. In addition, pharmacists shall comply with the most current United States Medical Eligibility Criteria (USMEC) for Contraceptive Use as adopted by the U.S. Centers for Disease Control and Prevention (CDC).

Age Requirements

A pharmacist may prescribe hormonal contraceptive patches and self-administered oral hormonal contraceptives to a person who is at least 18 years of age.

Further Conditions

- (1) For each new patient requesting a contraceptive service and, at a minimum of every twelve months for each returning patient, a participating pharmacist must:
 - (a) Obtain a completed Colorado Self-Screening Risk Assessment Questionnaire;
 - (b) Utilize and follow the Colorado Standard Procedures Algorithm to perform the patient assessment;
 - (c) Prescribe, if clinically appropriate, the hormonal contraceptive patch or self-administered oral hormonal contraceptive, or refer to a healthcare practitioner;
 - (d) Provide the patient with a Visit Summary;
 - (e) Advise the patient to consult with a primary care practitioner or women's health care practitioner;
 - (f) Refer any patient that may be subject to abuse to an appropriate social services agency; and
 - (g) Ensure that the pharmacy provides appropriate space to prevent the spread of infection and ensure confidentiality.

- (2) If the hormonal contraceptive patch or self-administered oral hormonal contraceptive is dispensed, it must be done as soon as practicable after the pharmacist issues the prescription and shall include any relevant educational materials.

- (3) A pharmacist must not:
 - (a) Require a patient to schedule an appointment with the pharmacist for the prescribing or dispensing of a hormonal contraceptive patch or self-administered oral hormonal contraceptive;
 - (b) Continue to prescribe and dispense a hormonal contraceptive to a patient beyond three years from the initial prescription without evidence of a clinical visit; or
 - (c) Prescribe in instances that the Colorado Standard Procedures Algorithm requires referral to a provider.

- (4) Records:
 - (a) Pursuant to Pharmacy Board Rule 17.00.50, a process shall be in place for the pharmacist to communicate with the patient's primary care provider and document changes to the patient's medical record. If the patient does not have a primary care provider, or is unable to provide contact information for his or her primary care provider, the pharmacist shall provide the patient with a written record of the drugs or devices furnished and advise the patient to consult an appropriate health care professional of the patient's choice.
 - (b) Pharmacists shall comply with all aspects of Pharmacy Board Rules 17.01.00 and 17.02.00 with respect to the maintenance of proper records.

STANDARD PROCEDURES ALGORITHM FOR COLORADO RPH DISPENSING OF CONTRACEPTIVES

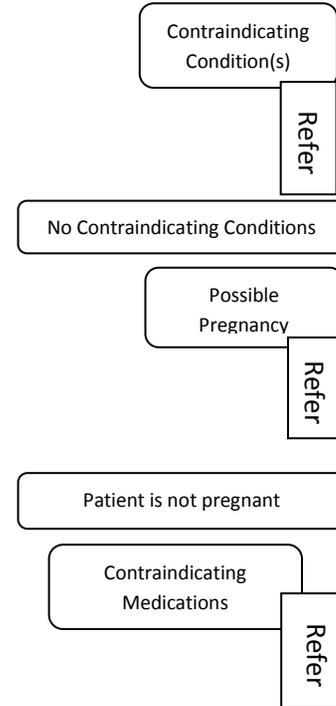
1) Health and History Screen
 Review Hormonal Contraceptive Self-Screening Questionnaire.
 To evaluate health and history, refer to USMEC or Colorado MEC.
1 or 2 (green boxes) – Hormonal contraception is indicated, proceed to next step.
3 or 4 (red boxes) – Hormonal contraception is contraindicated --> Refer

2) Pregnancy Screen
 a. Did you have a baby less than 6 months ago, are you fully or nearly-fully breast feeding, AND have you had no menstrual period since the delivery?
 b. Have you had a baby in the last 4 weeks?
 c. Did you have a miscarriage or abortion in the last 7 days?
 d. Did your last menstrual period start within the past 7 days?
 3. Have you abstained from sexual intercourse since your last menstrual period or delivery?
 f. Have you been using a reliable contraceptive method consistently and correctly?

If YES to AT LEAST ONE and is free of pregnancy symptoms, proceed to next step.
If NO to ALL of these questions, pregnancy can NOT be ruled out -- Refer

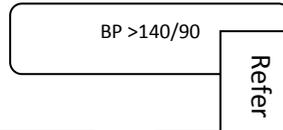
3) Medication Screen (Questionnaire #20)?
Caution: anticonvulsants, antiretrovirals, antimicrobials, barbiturate, herbs & supplements, including:

Carbamazepine	lumacaftor/ivacaftor	primidone	topiramate
Felbamate	oxcarbazepine	rifampin / rifabutin	
Griseofulvin	phenobarbital	ritonavir	
Lamotrigine	phenytoin	St John's Wort	



No Contraindicating Conditions

4) Blood Pressure Screen
 Is blood pressure <140/90?
 Note: RPH may choose to take a second reading, if initial is high.



BP < 140/90

5) Evaluate patient history, preference, and current therapy for selection of treatment.

<p>5a) Choose Contraception <i>Initiate</i> contraception based on patient preferences, adherence, and history for new therapy -Prescribe up to 12 months of desired contraception and dispense product (quantity based on professional judgment and patient preference)</p>	<p>5b) Choose Contraception <i>Continue</i> current form of pills or patch, if no change is necessary -or- <i>Alter</i> therapy based on patient concerns, such as side effects patient may be experiencing; or refer, if appropriate -Prescribe up to 12 months of desired contraception and dispense product. (quantity based on professional judgment and patient preference)</p>
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Not currently on birth control



6) Discuss Initiation Strategy for Initial Treatment/Change in Treatment (as applicable)
 a) Counseling - Quick start - Instruct patient she can begin contraceptive today; use backup method for 7 days.
 b) Counseling - Discuss the management and expectations of side effects (bleeding irregularities, etc.)
 c) Counseling - Discuss adherence and expectations for follow-up visits

7) Discuss and Provide Referral / Visit Summary to patient
Encourage: Routing health screenings, STD prevention, and notification to care provider
 If patient consumes tobacco/smokes: refer to QuitLine



Summary Chart of U.S. Medical Eligibility Criteria for Contraceptive Use

Pages 1,2Color coded in the left column to match the corresponding question of the Oregon Self-Screening Risk Assessment Questionnaire.

Pages 3,4Arranged alphabetically by disease state

Key:	
1 No restriction (method can be used)	
2 Advantages generally outweigh theoretical or proven risks	
3 Theoretical or proven risks usually outweigh the advantages	
4 Unacceptable health risk (method not to be used)	

Corresponding to the order of the Colorado Self-Screening Contraception Risk Assessment Questionnaire:

Condition	Sub-condition	Combined pill, patch		Progestin-only pill		Other Contraception Options Indicated for Patient
		Initiating	Continuing	Initiating	Continuing	
		Menarche to <40=1		Menarche to <18=1		Yes
a. Age		>40=2		18-45=1		Yes
				45=1		Yes
						Yes
b. Smoking	a) Age < 35	2		1		Yes
	b) Age > 35, < 15 cigarettes/day	3		1		Yes
	c) Age > 35, >15 cigarettes/day	4		1		Yes
c. Pregnancy	(Not Eligible for contraception)	NA*		NA*		NA*
d. Postpartum (nonbreastfeeding women)	a)< 21 days	4		1		Yes
	b)21 days to 42 days:					
	(i) with other risk factors for VTE	3*		1		Yes
	(ii) without other risk factors for VTE	2		1		Yes
	c)> 42 days	1		1		Yes
e. Breastfeeding	a) <21 days postpartum	4*		2*		Yes
	b) 21to <30 days postpartum					
	(i) with other risk factors for VTE	3*		2*		Yes
	(ii) without other risk factors for VTE	3*		2*		Yes
	c) 30-42 days postpartum					
	(i) with other risk factors for VTE	3*		1*		Yes
	(ii) without other risk factors for VTE	2*		1*		Yes
	d) >42 days postpartum	2*		1*		Yes
f. Diabetes mellitus(DM)	a) History of gestational DM only	1		1		Yes
	b) Non-vascular disease					
	b) Other abnormalities:					

	(i) non-insulin dependent	2	2	Yes	
	(ii) insulin dependent‡	2	2	Yes	
	c) Nephropathy/ retinopathy/ neuropathy‡	3/4*	2	Yes	
	d) Other vascular disease or diabetes of >20 years' duration‡	3/4*	2	Yes	
g. Headaches	a) Non-migraine (mild or severe)	1*	1	Yes	
	b) Migraine:				
	i) without aura (includes menstrual migraine)	2*	1	Yes	
	iii) with aura	4*	1	Yes	
h. Hypertension	a) Adequately controlled hypertension	3*	1*	Yes	
	b) Elevated blood pressure levels (properly taken measurements):				
	(i) systolic 140-159 or diastolic 90-99	3	1	Yes	
	(ii) systolic ≥160 or diastolic ≥100‡	4	2	Yes	
	c) Vascular disease	4	2	Yes	
i. History of high blood pressure during pregnancy		2	1	Yes	
j. Hyperlipidemias		2/3*	2*	Yes	
k. Peripartum cardiomyopathy‡	a) Normal or mildly impaired cardiac function:				
	(i) < 6 months	4	1	Yes	
	(ii) > 6 months	3	1	Yes	
	b) Moderately or severely impaired cardiac function	4	2	Yes	
l. Multiple risk factors for arterial cardiovascular disease	(such as older age, smoking, diabetes and hypertension)	3/4*	2*	Yes	
m. Ischemic heart disease‡	Current and history of	4	2	3	Yes
n. Valvular heart disease	a) Uncomplicated	2	1	Yes	
	b) Complicated‡	4	1	Yes	
o. Stroke‡	History of cerebrovascular accident	4	2	3	Yes
p. Thrombogenic mutations‡		4*	2*	Yes	
q. Deep venous thrombosis (DVT) & Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoagulant therapy				
	i) higher risk for recurrent DVT/PE	4	2	Yes	
	ii) lower risk for recurrent DVT/PE	3	2	Yes	
	b) Acute DVT/PE	4	2	Yes	

	c) DVT/PE and established on anticoagulant therapy for at least 3 months				
	i) higher risk for recurrent DVT/PE	4*	2	Yes	
	ii) lower risk for recurrent DVT/PE	3*	2	Yes	
	d) Family history (first-degree relatives)	2	1	Yes	
	e) Major surgery				
	(i) with prolonged immobilization	4	2	Yes	
	(ii) without prolonged immobilization	2	1	Yes	
	f) Minor surgery without immobilization	1	1	Yes	
r. History of bariatric surgery‡	a) Restrictive procedures	1	1	Yes	
	b) Malabsorptive procedures	COCs: 3	3	Yes	
s. Breast disease & Breast Cancer	a) Undiagnosed mass	2*	2*	Yes	
	b) Benign breast disease	1	1	Yes	
	c) Family history of cancer	1	1	Yes	
	d) Breast cancer:‡				
	i) current	4	4	Yes	
	ii) past and no evidence of current disease for 5 years	3	3	Yes	
t. Viral hepatitis	a) Acute or flare	3/4*	2	1	Yes
	b) Carrier/Chronic	1	1	1	Yes
u. Cirrhosis	a) Mild (compensated)	1	1	Yes	
	b) Severe‡ (decompensated)	4	3	Yes	
v. Liver tumors	a) Benign:				
	i) Focal nodular hyperplasia	2	2	Yes	
	ii) Hepatocellular adenoma‡	4	3	Yes	
	b) Malignant‡	4	3	Yes	
w. Gallbladder disease	a) Symptomatic:				
	(i) treated by cholecystectomy	2	2	Yes	
	(ii) medically treated	2	3	Yes	
	(iii) current	3	2	Yes	
	b) Asymptomatic	2	2	Yes	
x. History of Cholestasis	a) Pregnancy-related	2	1	Yes	
	b) Past COC-related	3	2	Yes	
y. Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4	3	Yes	
	b) Severe thrombocytopenia	2	2	Yes	
	c) Immunosuppressive treatment	2	2	Yes	
	d) None of the above	2	2	Yes	

z. Rheumatoid arthritis	a) On immunosuppressive therapy	1	1	Yes
	b) Not on immunosuppressive therapy	2	1	Yes
aa. Blood Conditions & Anemias	a) Thalassemia	1	1	Yes
	b) Sickle Cell Disease‡	2	1	Yes
	c) Iron-deficiency anemia	1	1	Yes
bb. Epilepsy‡	(see also Drug Interactions)	1*	1*	Yes
cc. Tuberculosis‡ (see also Drug Interactions)	a) Non-pelvic	1*	1*	Yes
	b) Pelvic	1*	1*	Yes
dd. HIV	High risk	1	1	Yes
	HIV infected (see also Drug Interactions)‡	1*	1*	Yes
	AIDS (see also Drug Interactions)‡	1*	1*	Yes
	Clinically well on therapy	If on treatment, see Drug Interactions.		
ee. Antiretroviral therapy	a) Nucleoside reverse transcriptase inhibitors	1*	1	Yes
	b) Non-nucleoside reverse transcriptase inhibitors	2*	2*	Yes
	c) Ritonavir-boosted protease inhibitors	3*	3*	Yes
ff. Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*	3*	Yes
	b) Lamotrigine	3*	1	Yes
gg. Antimicrobial therapy	a) Broad spectrum antibiotics	1	1	Yes
	b) Antifungals	1	1	Yes
	c) Antiparasitics	1	1	Yes
	d) Rifampicin or rifabutin therapy	3*	3*	Yes
Anemias	a) Thalassemia	1	1	Yes
	b) Sickle cell disease‡	2	1	Yes
	c) Iron-deficiency anemia	1	1	
Benign ovarian tumors	(including cysts)	1	1	Yes
Breast disease/ Breast Cancer	a) Undiagnosed mass	2*	2*	Yes
	b) Benign breast disease	1	1	Yes
	c) Family history of cancer	1	1	Yes
	d) Breast cancer‡			
	i) current	4	4	Yes
	ii) past and no evidence of current disease for 5 years	3	3	Yes
Cervical cancer	Awaiting treatment	2	1	Yes
Cervical ectropion		1	1	Yes

Cervical intraepithelial neoplasia		2	1	Yes		
Cirrhosis	a) Mild (compensated)	1	1	Yes		
	b) Severe (decompensated)	4	3	Yes		
Cystic Fibrosis		1*	1*	Yes		
Deep venous thrombosis (DVT) / & Pulmonary embolism (PE)	a) History of DVT/PE, not on anticoagulant therapy					
	i) higher risk for recurrent DVT/PE	4	2	Yes		
	ii) lower risk for recurrent DVT/PE	3	2	Yes		
	b) Acute DVT/PE	4	2	Yes		
	c) DVT/PE and established on anticoagulant therapy for at least 3 months					
	i) higher risk for recurrent DVT/PE	4*	2	Yes		
	ii) lower risk for recurrent DVT/PE	3*	2	Yes		
	d) Family history (first-degree relatives)	2	1	Yes		
	e) Major surgery					
	(i) with prolonged immobilization	4	2	Yes		
	(ii) without prolonged immobilization	2	1	Yes		
f) Minor surgery without immobilization	1	1	Yes			
Depressive disorders			1*	Yes		
Diabetes mellitus (DM)	a) History of gestational DM only	1	1	Yes		
	b) Non-vascular disease					
Diabetes mellitus (cont.)	(i) non-insulin dependent	2	2	Yes		
	(ii) insulin dependent	2	2	Yes		
	c) Nephropathy/ retinopathy/ neuropathy	3/4*	2	Yes		
	d) Other vascular disease or diabetes of >20 years' duration	3/4*	2	Yes		
Endometrial cancer		1	1	Yes		
Endometrial hyperplasia		1	1	Yes		
Endometriosis		1	1	Yes		
Epilepsy	(see also Drug Interactions)	1*	1*	Yes		
Gallbladder disease	a) Symptomatic					
	(i) treated by cholecystectomy	2	2	Yes		
	(ii) medically treated	3	2	Yes		
	(iii) current	3	2	Yes		
	b) Asymptomatic	2	2	Yes		
Gestational trophoblastic disease	a) Decreasing or undetectable s-hCG levels	1	1	Yes		
	b) Persistently elevated s-hCG levels or malignant disease	1	1	Yes		
Headaches	a) Non-migrainous	1*	2*	1*	1*	Yes

	b) Migraine					
	i) without aura, age <35	2*	3*	1*	2*	Yes
	ii) without aura, age >35	3*	4*	1*	2*	Yes
	iii) with aura, any age	4*	4*	2*	3*	Yes
History of bariatric surgery	a) Restrictive procedures	1		1		Yes
	b) Malabsorptive procedures	COC2: 3		3		Yes
		P/R: 1				
History of cholestasis	a) Pregnancy-related	2		1		Yes
	b) Past COC-related	3		2		Yes
History of high blood pressure during pregnancy		2		1		Yes
History of pelvic surgery		1		1		Yes
HIV	High risk	1*		1*		Yes
	HIV infected (see also Drug Interactions)☒	1*		1*		Yes
	AIDS (see also Drug Interactions)☒	1*		1*		Yes
	Clinically well on therapy	If on treatment, see Drug Interactions.				
Hyperlipidemias		2/3*		2*		Yes
Hypertension	a) Adequately controlled hypertension	3*		1*		Yes
	b) Elevated blood pressure levels					
	(i) systolic 140-159 or diastolic 90-99	3		1		Yes
	(ii) systolic .160 or diastolic .100☒	4		2		Yes
	c) Vascular disease	4		2		Yes
Inflammatory bowel disease	(Ulcerative colitis, Crohn's disease)	2/3*		2		Yes
Ischemic heart disease☒	Current and history of	4		2	3	Yes
Liver tumors	a) Benign					
	i) Focal nodular hyperplasia	2		2		Yes
	ii) Hepatocellular adenoma‡	4		3		Yes
	b) Malignant‡	4		3		Yes
Malaria		1		1		Yes
Multiple risk factors for arterial cardiovascular disease	(such as older age, smoking, diabetes and hypertension, low HDL, high LDL, or high triglyceride levels)	3/4*		2*		Yes

Multiple sclerosis	a) with prolonged immobility	3	1	Yes	
	b) without prolonged immobility	1	1	Yes	
Obesity	a) >30 kg/m ² body mass index (BMI)	2	1	Yes	
	b) Menarche to < 18 years and > 30 kg/m ² BMI	2	1	Yes	
Ovarian cancer‡		1	1	Yes	
Parity	a) Nulliparous	1	1	Yes	
	b) Parous	1	1	Yes	
Past ectopic pregnancy		1	2	Yes	
Pelvic inflammatory disease	a) Past, (assuming no current risk factors of STIs)				
	(i) with subsequent pregnancy	1	1	Yes	
	(ii) without subsequent pregnancy	1	1	Yes	
	b) Current				
Peripartum cardiomyopathy‡	a) Normal or mildly impaired cardiac function				
	(i) < 6 months	4	1	Yes	
	(ii) > 6 months	3	1	Yes	
	b) Moderately or severely impaired cardiac function	4	2	Yes	
Postabortion	a) First trimester	1*	1*	Yes	
	b) Second trimester	1*	1*	Yes	
	c) Immediately post-septic abortion	1*	1*	Yes	
Pregnancy		NA*	NA*	NA*	
Rheumatoid arthritis	a) On immunosuppressive therapy	2	1	Yes	
	b) Not on immunosuppressive therapy	2	1	Yes	
Schistosomiasis	a) Uncomplicated	1	1	Yes	
	b) Fibrosis of the liver‡	1	1	Yes	
Severe dysmenorrhea		1	1	Yes	
Sexually transmitted infections (STIs)	a) Current purulent cervicitis or chlamydial infection or gonorrhea	1	1	Yes	
	b) Other STIs (excluding HIV and hepatitis)	1	1	Yes	
	c) Vaginitis (including trichomonas vaginalis and bacterial vaginosis)	1	1	Yes	
	d) Increased risk of STIs	1	1	Yes	
Smoking	a) Age < 35	2	1	Yes	
	b) Age > 35, < 15 cigarettes/day	3	1	Yes	
	c) Age > 35, >15 cigarettes/day	4	1	Yes	
Solid Organ transplantation‡	a) Complicated	4	2	Yes	
	b) Uncomplicated	2*	2	Yes	
Stroke‡	History of cerebrovascular accident	4	2	3	Yes

Superficial venous thrombosis	a) Varicose veins	1	1	Yes	
	b) Superficial thrombophlebitis	2	1	Yes	
Systemic lupus erythematosus‡	a) Positive (or unknown) antiphospholipid antibodies	4	3	Yes	
	b) Severe thrombocytopenia	2	2	Yes	
	c) Immunosuppressive treatment	2	2	Yes	
	d) None of the above	2	2	Yes	
Thrombogenic mutations‡		4*	2*	Yes	
Thyroid disorders	Simple goiter/ hyperthyroid/hypothyroid.	1	1	Yes	
Tuberculosis‡ (see Drug Interactions)					
Unexplained vaginal bleeding	a) Non-pelvic	1*	1*	Yes	
	b) Pelvic (suspicious for serious condition) before evaluation	1*	1*	Yes	
Uterine fibroids	a) Uncomplicated	2	1	Yes	
	b) Complicated‡	4	1	Yes	
Vaginal bleeding patterns	a) Irregular pattern without heavy bleeding	1	2	Yes	
	b) Heavy or prolonged bleeding	1*	2*	Yes	
Viral hepatitis	a) Acute or flare	3/4*	2	1	Yes
	b) Carrier/Chronic	1	1	1	Yes
DRUG INTERACTIONS					
Antiretroviral therapy (All other ARVs are 1 or 2 for all methods)	Fosamprenavir (FPV)	3*	2*	Yes	
Anticonvulsant therapy	a) Certain anticonvulsants (phenytoin, carbamazepine, barbiturates, primidone, topiramate, oxcarbazepine)	3*	3*	Yes	
	b) Lamotrigine	3*	1	Yes	
Antimicrobial therapy	a) Broad spectrum antibiotics	1	1	Yes	
	b) Antifungals	1	1	Yes	
	c) Antiparasitics	1	1	Yes	
	d) Rifampicin or rifabutin therapy	3*	3*	Yes	
SSRIs		1	1	Yes	
St. John's Wort		2	2	Yes	

Hormonal Contraceptive Self-Screening Questionnaire

Name _____ Health Care Provider's Name _____ Date _____

Date of Birth _____ Age* _____ Weight _____ Do you have health insurance? Yes / No

What was the date of your last women's health clinical visit? _____

Any Allergies to Medications? Yes / No If yes, list them here: _____

Background Information:

1	Do you think you might be pregnant now?	Yes <input type="checkbox"/> No <input type="checkbox"/>
2	What was the first day of your last menstrual period?	___/___/___
3	Have you ever taken birth control pills, or used a birth control patch, ring, or injection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Have you previously had contraceptives prescribed to you by a pharmacist?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Did you ever experience a bad reaction to using hormonal birth control?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, what kind of reaction occurred?	
	Are you currently using any method of birth control including pills, or a birth control patch, ring or shot/injection?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, which one do you use?	
4	Have you ever been told by a medical professional not to take hormones?	Yes <input type="checkbox"/> No <input type="checkbox"/>
5	Do you smoke cigarettes?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Medical History:

6	Have you given birth within the past 6 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7	Are you currently breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/>
8	Do you have diabetes?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Do you get migraine headaches? If so, have you ever had the kind of headaches that start with warning signs or symptoms, such as flashes of light, blind spots, or tingling in your hand or face that comes and goes completely away before the headache starts?	Yes <input type="checkbox"/> No <input type="checkbox"/>
10	Do you have high blood pressure, hypertension, or high cholesterol? (Please indicate yes, even if it is controlled by medication)	Yes <input type="checkbox"/> No <input type="checkbox"/>
11	Have you ever had a heart attack or stroke, or been told you had any heart disease?	Yes <input type="checkbox"/> No <input type="checkbox"/>
12	Have you ever had a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
13	Have you ever been told by a medical professional that you are at risk of developing a blood clot?	Yes <input type="checkbox"/> No <input type="checkbox"/>
14	Have you had recent major surgery or are you planning to have surgery in the next 4 weeks?	Yes <input type="checkbox"/> No <input type="checkbox"/>
15	Have you had bariatric surgery or stomach reduction surgery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
16	Do you have or have you ever had breast cancer?	Yes <input type="checkbox"/> No <input type="checkbox"/>
17	Do you have or have you ever had hepatitis, liver disease, liver cancer, or gall bladder disease, or do you have jaundice (yellow skin or eyes)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
18	Do you have cystic fibrosis, multiple sclerosis, lupus, rheumatoid arthritis, or any blood disorders?	Yes <input type="checkbox"/> No <input type="checkbox"/>
19	Do you take medication for seizures, tuberculosis (TB), fungal infections, or human immunodeficiency virus (HIV)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, list them here:	
20	Do you have any other medical problems or take any medications, including herbs or supplements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	- If yes, list them here:	

Do you have a preferred method of birth control that you would like to use?

A pill you take each day A patch that you change weekly Other (ring, injectable, implant, or IUD)

Internal use only verified DOB* with valid photo ID BP Reading ___/___.

Pharmacist Name _____ Pharmacist Signature _____

Drug Prescribed _____ Rx# _____ -or- Patient Referred-circle reason(s)

Sig: _____ Pharmacy Phone _____ Address _____

Notes: _____ Date _____