

**Planned Parenthood of East Central Iowa
Emergency Contraception**

Patient Information:

Name: _____ Date: _____ Pt.# _____
Address: _____ DOB: _____
City: _____ State: _____ Zip: _____ Phone#: _____

Contact Information: Check all that apply:

___ Letter ___ Phone ___ We can leave a message ___ Tiffany Code

In case of an emergency, who should be contacted? (Adult preferred)

Name: _____ Phone#: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship: _____ Does he/she know you are here? ___ Yes ___ No

Date when your last period started: _____ Was your period normal? ___ Yes ___ No

If not, explain _____

Have you had sexual intercourse since your last period? ___ Yes ___ No

Did you use any birth control?(such as birth control pills, condoms etc.) ___ Yes ___ No

What kind of birth control did you use? _____

When did the unprotected intercourse occur? Date: _____ Time: _____

Have you had unprotected intercourse at any other time since your last period? ___ Yes ___ No

How did you hear about Emergency Contraception/Morning After pills?

I verify that the above information is correct and true to the best of my knowledge. I hereby request Planned Parenthood of East Central Iowa to supply me with Emergency Contraception to prevent pregnancy if I am found eligible. I understand that Emergency Contraception is not 100% effective and has no effect on a pregnancy already in progress.

Patient Signature: _____ Date: _____

Witness Signature: _____ Date: _____

If patient has authorized person to pick up E.C. this person will sign below that they have received the EC and Fact Sheet to provide to patient: _____

*****For Staff Use Only*****

Counselor's notes:

____ EC Fact Sheet
____ BCM Reviewed
____ STI Risk Reviewed

Staff Signature: _____

Nurse Practitioner Notes: _____

___ Rx. Plan B - Take 1 pill now and 1 pill in 12 hours.

___ Rx. Plan B - Take both pills now.

Clinician Signature: _____ Date: _____