

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

## 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.