NSW HEALTH COMMUNITY PHARMACY PILOT: Supply of the oral contraceptive pill

Screening Questionnaire and Patient Consent Form

Important Information for patients participating in the NSW Health community pharmacy pilot

- This document supports the safe and appropriate supply of the oral contraceptive pill (OCP) for women at lower risk of complications through participating community pharmacies as part of the NSW Health community pharmacy oral contraception initiation pilot.
- This screening questionnaire is a preliminary assessment tool. It does not replace a comprehensive clinical consultation conducted by the pharmacist. It helps your pharmacist understand if you are at lower risk of complications by asking about some common risk factors for those complications.
- Completion of this screening questionnaire and consent form is required to participate in the NSW Health pilot program and access a funded consultation
- The pharmacist will exercise clinical judgement in accordance with NSW Health protocols. Not all women will be suitable candidates for the oral contraceptive pill – your pharmacist will refer you to appropriate clinical care if this is the case.
- This pilot enables some trained community pharmacists to assess and, where appropriate, initiate, change, or continue the supply of the oral contraceptive pill.
- As this is a pilot program, NSW Health will conduct comprehensive monitoring and evaluation of the program. Any results, reports, or publications arising from this evaluation will not contain any information that could identify individual patients.
- If you are eligible as a lower risk woman, you will receive a consultation with the pharmacist. If you are not eligible, your pharmacist can assist you in accessing other care pathways.
- This consultation will be provided at no cost, regardless of the outcome (including if no medicine is supplied or if referral is required), however any medication supplied will be at private (non- Pharmaceutical Benefits Scheme) cost. Pharmaceutical Benefits Scheme (PBS) subsidies and the Safety Net will not apply.
- If you need any tests (for example, a pregnancy test for some women) a fee may apply.
- If the pharmacist determines that supply is not right for you, or that you need additional assessment, you may be referred to: a general practitioner (GP), a sexual health service, or another healthcare provider.
- Personal information will be handled in accordance with applicable privacy laws.
- You may withdraw your consent at any time without affecting your access to care.

Consent

I consent to completing a screening questionnaire	☐ Yes ☐ No
I consent to participation in the pilot and for my personal and health information being provided to NSW Health who will use and disclose the information to monitor and evaluate the pilot (any results, reports, or publications arising from this evaluation will not contain any information that could identify individual patients)	☐ Yes ☐ No

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I understand medication will be at a private (non-PBS) cost	☐ Yes ☐ No
I understand any necessary tests and diagnostic services will be at a private cost	☐ Yes ☐ No
I consent to sharing information with my GP	☐ Yes ☐ No
I consent to my information being uploaded to My Health Record	☐ Yes ☐ No

Screening Questionnaire

Question	Response
Sex assigned at birth (female*)	☐ Yes ☐ No ☐ Unsure
Age (18–39)	☐ Yes ☐ No ☐ Unsure
Could you currently be pregnant?	☐ Yes ☐ No ☐ Unsure
Are you currently being treated for high blood pressure?	☐ Yes ☐ No ☐ Unsure
Have you been told you have high blood pressure?	☐ Yes ☐ No ☐ Unsure
Have you had a recent change in your periods (e.g. duration, heaviness)?	☐ Yes ☐ No ☐ Unsure
Have you had unexplained vaginal bleeding (e.g. between periods or after sex)?	☐ Yes ☐ No ☐ Unsure
Have you ever been diagnosed with breast cancer?	☐ Yes ☐ No ☐ Unsure
Do you experience migraine with aura?	☐ Yes ☐ No ☐ Unsure
Have you had a heart attack or stroke?	☐ Yes ☐ No ☐ Unsure
Have you ever had a blood clot (DVT or pulmonary embolism)?	☐ Yes ☐ No ☐ Unsure
Have you ever had a blood clot while on hormonal contraception?	☐ Yes ☐ No ☐ Unsure
Have you ever been told you are at very high risk for blood clots (thrombophilia)?	☐ Yes ☐ No ☐ Unsure
Do you have diabetes?	☐ Yes ☐ No ☐ Unsure
Do you have high cholesterol?	☐ Yes ☐ No ☐ Unsure
Do you smoke, vape, or have recently quit (in the last 12 months)?	☐ Yes ☐ No ☐ Unsure
If yes, number of cigarettes per day	☐ <15 ☐ >15 ☐ Unsure
Are you seeking the pill for reasons other than contraception (e.g. acne, period pain)?	☐ Yes ☐ No ☐ Unsure

Patient Declaration

I confirm that:

- I have read and understood the information provided above.
- I have had the opportunity to ask questions and receive answers.
- I consent to being part of the pilot program.

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Patient Details

- Name: _____
- Date of Birth: _____
- Contact Number: _____
- Nominated GP or GP practice: _____
- Patient Signature: _____
- Date: _____

Pharmacist Declaration

I confirm that:

- I have explained the purpose of this questionnaire and the pilot program.
- I have conducted (or will conduct) an appropriate consultation consistent with professional standards.

Pharmacist Name: _____
Signature: _____
Date: _____