



HORMONAL CONTRACEPTION SELF-SCREENING TOOL QUESTIONS FOR PATIENT COMPLETION

Note to patient: print out and complete this questionnaire and bring to your pharmacy if you seek self-administered hormonal contraception. You may wish to call your pharmacy first to make certain they are able to provide this service at this time. You may also obtain the form from participating pharmacies.

Patient Name: _____ Date: _____

Reviewing Pharmacist: _____ Date: _____

Table with 4 columns: Question ID, Question Text, Yes/No checkboxes, and a blank column. Rows include questions about menstrual period, birth control use, medical history, and current health status.