

**Request for Emergency Contraception  
At Wyndham House Surgery**

**Same day appointments are always available on request**

*This is confidential information and may be handed to one of the Dispensary staff when you **do not wish** to make an appointment to see a doctor or nurse.*

*Your answers will be discussed with the doctor or nurse before the prescription can be issued.*

**Please circle or complete correct answer**

Have you had unprotected sexual intercourse? Yes / No

Date and approximate time of unprotected sexual intercourse \_\_\_\_\_

Was there any other unprotected sexual intercourse during this cycle?  
Yes / No. If Yes when? \_\_\_\_\_

When was the first day of your last period? \_\_\_\_\_

Was your last period normal and on the expected date? Yes / No

Are your periods normally regular? Yes / No

Are you on the pill or using any other method of contraception? Yes / No  
If Yes what method? \_\_\_\_\_

If you are taking the pill, have you missed any? If so was it at beginning,  
middle or end of the packet? \_\_\_\_\_

Are you taking any other medications? Yes / No. If Yes What? \_\_\_\_\_

Have you ever had any side effects from Emergency Contraception?  
Yes / No

Your name \_\_\_\_\_ DOB \_\_\_\_\_

(GP Comments)

