pharmadoctor

Norethisterone for period delay
Risk Assessment Form

How to use this form

To ensure the security of patient information, all consultations are to be completed in your Pharmadoctor account using the eTool, with this paper form only used to record the consultation ID (generated by the eTool at the patient consent stage) and the medical details (fields in black ink with bold borders).

Only if you do not have access to your Pharmadoctor account at the time of the consultation should the fields in grey text be filled out. You must then upload the consultation details at a later time when you have access to the Pharmadoctor eTool.

Patient details

Consultation ID	Date of birth: _ _ / _ _ / _ _ _ _ Age: _____
Full name:	Home Address:
Email:	
Telephone:	Name & Address of GP
NHS number: (optional)	Would you like your GP to be informed of this consultation? Yes ☐ No ☐

Please answer the following questions

Are you pregnant, planning pregnancy or is there any possibility that you could be pregnant? Yes ☐ No ☐	Do you suffer from severe pruritus (itchy skin all over the body)? Yes ☐ No ☐
Are you breast-feeding? Yes ☐ No ☐	Do you have porphyria or jaundice? Yes ☐ No ☐
Are you allergic to norethisterone or any other similar hormone medicines? *If yes, please provide details* Yes ☐ No ☐	Have you previously had severe pruritus or pemphigoid gestationis (an itchy rash) during pregnancy? Yes ☐ No ☐
Do you or your family have any current or previous bleeding disorders? Yes ☐ No ☐ *This includes (but is not limited to):* - Deep vein thrombosis (DVT) - Pulmonary embolism	Are you currently using any contraception? Yes ☐ No ☐ *If yes, please provide details*
Have you ever suffered from vaginal bleeding in which no cause was found? Yes ☐ No ☐	Do you have any eye problems? Yes ☐ No ☐ *This includes:* - Papilloedema - Retinal vascular lesions
Do you have any liver problems? Yes ☐ No ☐ *If yes, please provide details*	Do you have any kidney problems? Yes ☐ No ☐ *If yes, please provide details*
Do you have any heart problems? Yes ☐ No ☐ *This includes (but is not limited to):* - Angina - Heart attack	Do you have any of the following: Yes ☐ No ☐ - Migraines - Epilepsy - Asthma
Do you have high cholesterol, or do you smoke? Yes ☐ No ☐	Do you or your close family have any of the following: Yes ☐ No ☐ - Systemic lupus erythematosus - Severe obesity (BMI >30 kg/m^2) - Thromboembolism - Recurrent miscarriage
Have you previously suffered from jaundice, chloasma or pre-eclamptic toxaemia (high blood pressure) during pregnancy? Yes ☐ No ☐	Are you being treated with steroid hormones? Yes ☐ No ☐
Have you recently undergone major surgery or major trauma? Yes ☐ No ☐	Have you been immobile for a prolonged time (bed rest) or are you due to receive surgery? Yes ☐ No ☐ *If yes, please provide details*

pharmadoctor

Norethisterone for period delay
Risk Assessment Form

Please answer the following questions	
Do you have endometrial hyperplasia (thickening of uterus lining)? Yes ☐ No ☐	Do you have any allergies? Yes ☐ No ☐ *If yes, please provide details*
Have you been told by your doctor you have an intolerance to any sugars? Yes ☐ No ☐ *If yes, please provide details*	Do you have diabetes? Yes ☐ No ☐ *If yes, please list any associated problems*
Do you have a known or suspected cancer, or have you had cancer in the past (e.g. breast cancer)? Yes ☐ No ☐ *If yes, please provide details*	Do you have severe depression, generalized anxiety disorder or any other psychiatric disorder? Yes ☐ No ☐
Have you previously had a transient ischaemic attack (mini stroke) or stroke? Yes ☐ No ☐	Do you have inflammation of your veins (superficial phlebitis) or varicose veins? Yes ☐ No ☐
Why do you want to delay your period?	
Please provide details of any recent or past medical history of note (e.g. other medical conditions that you have previously been treated for)	
Please list all your current prescription medication including any medication you buy over the counter	

pharmadoctor

Norethisterone for period delay
Risk Assessment Form

Patient consent
1. I have received information on the risks and benefits of the medicine, and I have had the opportunity to ask questions. The medical information I have provided is true and accurate to the best of my knowledge, and I consent to the medicine being administered.
2. I understand that my personal information, including name, surname, email, telephone, date of birth (DOB), address, NHS number, and GP details, will be securely uploaded to the Pharmadoctor website for electronic storage, and it will be kept in line with data protection regulations along with the details of the consultation (i.e., medicines provided).
3. I authorise the collection, storage, and secure transmission of my information for the purposes mentioned above.
4. I acknowledge that after the consultation, the details of my medication and consultations will be accessible through my Pharmadoctor account, using the provided email address for login.
5. I understand that I can speak to a member of staff about any queries regarding the Pharmadoctor consultation or the processing of personal data for this consultation, including exercising my rights under data protection legislation.

Verbal consent (if used)	
I confirm that the patient, parent or guardian has given verbal consent.	☐

Written consent (if used)	
Patient signature:	**Date:**

Additional information (healthcare professional use)	
Further information that may be relevant	

Supply record (healthcare professional use)							
Medicine name	Date provided	Administration method	Quantity	Strength	Batch number	Drug expiry date	Price
Comments							
Comments							
Comments							
Comments							