

OPTIONAL SUPPLEMENT TO MARYLAND VISIT SUMMARY FORM

ATTENTION PATIENT: PLEASE REFER TO THIS SIDE IF YOU WERE PRESCRIBED BIRTH CONTROL. PLEASE ASK YOUR PHARMACIST IF YOU HAVE ANY QUESTIONS ABOUT THE INFORMATION CONTAINED ON THIS FORM OR YOUR VISIT SUMMARY FORM.

Your Prescribing Pharmacist is:

Name: _____

Phone: _____

- **A visit with your Primary Care Provider or Reproductive Healthcare Provider is recommended to review this prescription and to obtain any recommended tests and screenings. Most women should have a reproductive health review once a year.**

- **If you do NOT have a Primary Care or Reproductive Health Provider, please consult your pharmacist for a referral. A visit with a Primary Care Provider or Reproductive Health Care Provider is recommended to obtain the recommended tests and screenings.**
 - Your pharmacist can provide you with a list of Reproductive Healthcare Providers in your area.

- **Your Pharmacist may have counseled you on the following:**
 - When to start and continue birth control
 - Why it is important for you to take the medication as prescribed
 - What to do if you miss a dose, such as using a backup protection method
 - When to follow up with your health care providers
 - What to do if you experience side effects of the medication
 - Warning signs to look out for, such as shortness of breath, chest pain, or blood clots
 - When to call 911, call your doctor, or go to the emergency room
 - How to practice safe sex to protect yourself from getting a sexually transmitted disease
 - Which health screenings are important for you
 - Other _____
 - **PLEASE CONSULT YOUR PHARMACIST IF YOU HAVE ANY QUESTIONS REGARDING THESE ISSUES.**

- **Patient Checklist:**
 - I understand the information provided.
 - I have received a visit summary.

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Your Prescribing Pharmacist is:

Name: _____

Phone: _____

- **Prescription birth control may still be an option for you.**
 - The pharmacist is referring you to a healthcare provider.
 - Your healthcare provider will discuss your options with you.

- **A visit with your Primary Care Provider or Reproductive Healthcare Provider is recommended to review the information that has been provided to you today and to obtain any recommended tests and screenings.**

- **If you do NOT have a Primary Care Provider, please tell your pharmacist. It is recommended that you schedule a visit to discuss your prescription and obtain any recommended tests and screenings.**
 - Your pharmacist can provide you with a list of Reproductive Healthcare Providers in your area.

- **Most women should have a reproductive health review once a year.**

- **Over-the-counter birth control methods are available to you.**
 - Condoms (male or female)
 - Spermicide (gel, foam, cream, films, or suppository)
 - Contraceptive Sponge
 - Other _____

- **The Pharmacist may have counseled you on the following:**
 - How to practice safe sex to protect yourself from getting a sexually transmitted disease
 - Which health screenings are important to you
 - Other _____
 - **PLEASE CONSULT YOUR PHARMACIST IF YOU HAVE ANY QUESTIONS REGARDING THESE ISSUES.**

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