



New Jersey Office of the Attorney General

Division of Consumer Affairs

Board of Pharmacy

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Newark, New Jersey 07101

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Pharmacist Visit Summary and Referral Template

Attention: You may customize this template by adding to it; however, you must retain all elements in this template.

Patient Name: _____

Date of birth: ____/____/____ Date of visit: ____/____/____

Date hormonal contraceptive furnished (if applicable): ____/____/____

Please review this form with your primary care provider. If you do not have a primary care provider, you may follow up at _____

(insert name, address, and phone number of an appropriate and nearby medical clinic that provides primary and contraceptive care).

Recommended follow-up: _____

Self-administered hormonal contraceptive furnished: _____

Strength (if applicable): _____ Quantity furnished: _____

Refills authorized: _____

OR

Pharmacist is not able to furnish a self-administered hormonal contraceptive to you because:

- Pregnancy cannot be ruled out.
- You may have a health condition than requires further evaluation.
- You take medication(s) or supplements that may interfere with contraceptives.
- Your blood pressure reading is ____/____ (140/90 or higher) and you are not eligible for progestin-only pills because _____.
- Other (e.g., intended use is not contraception)

Notes: _____

Each requires additional evaluation by another healthcare provider. Please share this information with your provider.

Pharmacist Name _____

Pharmacist Signature _____

Pharmacist License Number _____

Pharmacy Name _____

Pharmacy Practice Site Permit Number _____

Pharmacy Practice Site Address _____

Pharmacy Practice Site Phone Number _____

Information on reproductive rights, health care coverage and services, and other resources can be found at the New Jersey Reproductive Health Information Hub, <https://www.nj.gov/health/reproductivehealth/>