

**Patient Group Direction for the provision of desogestrel progestogen-only pill (POP) for the purposes of bridging contraception to patients aged over 13 years and under 55 years from community pharmacy**

**Notification of supply**

**CONFIDENTIAL WHEN COMPLETED**

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GP name	Click or tap here to enter text.	Pharmacy Stamp
GP practice address	Click or tap here to enter text.	
	Click or tap here to enter text.	
The following patient has attended this pharmacy for assessment and potential supply of desogestrel POP:		
Patient name	Click or tap here to enter text.	
Date of birth/CHI	Click or tap here to enter text.	Pharmacist name
Patient address	Click or tap here to enter text.	Click or tap here to enter text.
	Click or tap here to enter text.	GPhC number
Postcode	Click or tap here to enter text.	Click or tap here to enter text.
		Date
		Click or tap to enter a date.

Following assessment (Tick as appropriate)

Your patient has been given a 3 month supply of desogestrel (initial supply)	<input type="checkbox"/>
Your patient has been given a second 3 month supply of desogestrel	<input type="checkbox"/>
Your patient has been given appropriate guidance on use of this medication e.g. side effects, missed pill information	<input type="checkbox"/>
Your patient is unsuitable for treatment via PGD for the following reasons and has been referred:	<input type="checkbox"/>
Click or tap here to enter text.	

**\*\*\*Your patient has been advised to contact the practice for subsequent supplies of contraception.\*\*\***

You may wish to include this information in your patient records.

<b>Patient consent:</b> I can confirm that the information is a true reflection of my individual circumstances and I give my consent to allow a pharmacist working under the terms of the Community Pharmacy Public Health Service to provide the most appropriate advice and/or treatment for me. I also give my permission to allow the pharmacist to pass, to my own GP, details of this consultation and any advice given, or treatment provided. I have been advised that some of the information may be used to assess the uptake of the service, but this will be totally anonymous and not be attributable to any individual patient.	Consent received <input type="checkbox"/>
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Pharmacist signature	Date
Click or tap to enter a date.	Click or tap to enter a date.

This form should now be sent to the patient's GP and a copy retained in the pharmacy