

Period Delay Patient Risk Assessment and Consent Form

Please read this section carefully before completing the consent form

Norethisterone 5mg tablets are used for adult females of 18 to 50 years to postpone menstruation (period delay). This treatment is intended for non-regular use and only one supply is allowed every 6 months. You should contact your GP if you required a more frequent treatment regimen.

Patient Name _____

Address _____

Tel _____

Email _____

GP Name _____

GP Address _____

	Yes	No
1. Communication between doctors involved in your treatment helps provide the safest and most effective healthcare. Do you want your GP to be notified for this consultation?		

Medicines and their possible side effects can affect individual people in different ways. The following are some of the side effects that are known to be associated with Norethisterone.

Just because a side effect is stated here does not mean that all people using this medicine will experience that or any side effect.

Warnings

Patient / Applicants may experience a rise in blood pressure, jaundice (yellowing of the skin or whites of the eyes), migraine-type headaches, signs of severe hypersensitivity (anaphylaxis): e.g. swelling of the mouth, tongue, face, throat, difficulty breathing, wheezing, severe skin rash, itch, redness, if you become pregnant unusually bad headache, severe itching (pruritus), other liver problems and signs e.g. abdominal pain, nausea, vomiting, tiredness, dark brown urine, any sudden changes in eyesight, hearing or speech, any changes in sense of smell or touch. If you are concerned with the side effects, you may talk to the pharmacist who oversees this treatment or your GP for further information before proceeding with treatment.

Drowsiness is rare with this medication, but may occur and interfere with performance of skilled tasks e.g. driving. Excess alcohol should be avoided when taking Norethisterone.

Applicant (or parent/guardian in the case of children/adolescents) must answer the following questions comprising the applicant Risk Assessment Consent form.

General Questions	Yes	No
2. Please confirm you are between 18 and 50 years old.		
3. Please confirm you would like to postpone menstruation (period delay) for non-regular use and that you understand that only one supply is allowed every 6 months and that you should contact your GP if you required a more frequent treatment regimen.		

BMI Question:

4. What is your height (in meters)?	
5. What is your body weight (in kilograms)?	

Clinical Questions	Yes	No
6. Are you aware of any hypersensitivity (allergy), or any undesirable side effects to Norethisterone or any of its ingredients?		
7. Are you pregnant or breast feeding or actively trying for a baby?		
8. Do you have severe liver impairment?		
9. Do you have severe kidney disease, or end stage renal disease requiring dialysis?		
10. Are you taking any other medication either prescribed or over the counter? <i>(If so you must show your pharmacist all your medication as certain medicines can interact with Norethisterone).</i>		
11. Do you have any other questions you would like to ask your pharmacist about this product?		
12. Are you currently using regular contraception?		
13. Are you currently using mini pill/implant/injection?		
14. Are you allergic to any medicines or other substances (e.g. peanuts/soya)?		
15. Are you planning to take Norethisterone and fly at the same time?		

Patient / Applicant Name: _____

Signature: _____ Date: _____

I confirm and agree that any treatment prescribed for me is for my personal use only.