**APPENDIX**

**Pharmacy Based**

**Young Women’s EC Activity Log**

Quarter Period: 2019-2020

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of****Consultation** | **Type of EC provided** | **Referred for LARC IUCD** | **Additional Comments** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |
| --- |
| ADDITIONAL COMMENTS: |
|

Pharmacy Name

Address:

Signed on behalf of the Pharmacy:……………………………………………….………………………………

Name:……………………………………………………………………