



Contraceptive Counseling: *The Counseling Session*

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content:	Clinician Order Form Instructions

Overview

This set of instructions should be used to correctly complete the [Clinician Orders Form](#). The Clinician Orders Form is used by the clinician after the patient has been counseled to document the type of birth control being prescribed and/or which treatment is being prescribed for a sexually transmitted infection.

- After completion of the counseling session, the counselor fills out the “Patient Information” section before the clinician signs the form.
- The clinician will fill out the rest of the form, remembering to sign and date the bottom. This form will be reviewed and signed by clinician.
- Completed Clinical Order Forms should be kept in the patient’s medical chart.

Complete the form as follows:

- Record patient’s legal **last name**
- Record patient’s legal **first name**
- Fill in **today’s date** (MM/DD/YY) and time (24h)
- Record patient’s **DOB** (MM/DD/YY)
- Record patient’s **age**
- Record patient’s **gravidity**
- Record patient’s **parity**
- Record Allergies.
 - **IF YES:** Mark yes with an “**X**”. Document the allergy and specify the type of reaction. Example: Under Allergy - Penicillin, Under Reaction – Rash.
 - **IF NO:** Mark “No Known Allergies” with an “**X**”.