

CONSENT FOR DEPOT MEDROXYPROGESTERONE ACETATE (DMPA)

I, (print or type name) _____, request the contraceptive injection of depot medroxyprogesterone acetate (also known as DMPA, Depo-Provera®, depo-subQ provera 104™, Depo, or “the Shot”), as my family planning method.

I have received a pamphlet (included with each injection) that has information about the benefits and risks of DMPA and how to use DMPA.

I understand that no birth control method is perfect and that some women have gotten pregnant while on DMPA (3 out of every 1000 women during the first year of use).

I understand DMPA will not protect me from sexually transmitted infections and that I need to use condoms for protection from these infections.

I understand that certain medicines may interact with DMPA to decrease the effectiveness of DMPA. I know it is important to tell all my health care providers that I am on DMPA.

I understand that when using DMPA, the chances of developing health problems increase with certain conditions such as:

- High cholesterol
- Age 35 or older
- Diabetes
- High blood pressure

I understand that it is important to tell my health care provider if I have ever had any of the following conditions before using DMPA:

- Blood clots in the lungs, legs, or brain
- Unexplained bleeding from the vagina
- Inflammation of the veins
- Cancer of the breast
- Liver disease
- Heart disease or stroke

I understand that side effects sometimes associated with DMPA include:

- Weight gain
- Irregular bleeding or spotting
- Breast tenderness
- Hair loss
- Acne
- Depression

I know to watch for "A.C.H.E.S." as danger signals and to contact a health care provider immediately if these signs occur:

- Abdominal pains
- Chest pains or shortness of breath
- Headaches (severe), numbness, or dizziness
- Eye problems such as blurred vision or double vision
- Severe leg pain

I understand that there may be thinning of the bones with use of DMPA and that after stopping DMPA the bone structure might not return to normal. It is not known if use of DMPA as a teenager or young adult will increase the risk of fractures in the later years. DMPA should be used long-term (over 2 years) only if other forms of birth control are not satisfactory.

I have had a chance to ask questions and have had my questions answered.

Date: _____ Client Signature: _____

If translation of CONSENT FOR DEPOT MEDROXYPROGESTERONE ACETATE (DMPA) was required:

- A translator was offered to the client. yes no
- The client chose to use her own translator. yes no
- This form has been orally translated to the client in the client's spoken language.
- Language translated: _____
- Translation provided by: _____
(print or type name of translator)
- Translator employed by, or relationship to client: _____
- Date: _____ Translator Signature: _____

- The client has read this form or had it read to her by a translator or other person.
- The client states that she understands this information.
- The client has indicated that she has no further questions.

Date: _____ Staff Signature: _____