

## CONSENT FOR NUVARING® - VAGINAL CONTRACEPTIVE RING

I, (print or type name) \_\_\_\_\_,  
request the vaginal contraceptive ring as my family planning method.

I have received a pamphlet (included with each ring) that has information about the benefits and risks of the vaginal contraceptive ring and how to properly use the ring.

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

I understand the ring 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 the ring to decrease the effectiveness of the ring. I know it is important to tell all my health care providers that I am on the ring.

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

- Cigarette smoking
- 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 the ring:

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

I understand that side effects sometimes associated with the ring include:

- Nausea and vomiting
- Weight gain or loss
- Breast tenderness
- Spotting between periods
- Vaginal discharge

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

Date: \_\_\_\_\_ Client Signature: \_\_\_\_\_

\*\*\*\*\*

If translation of CONSENT FOR NUVARING – VAGINAL CONTRACEPTIVE RING 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 the 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: \_\_\_\_\_