

CONSENT FOR ORAL CONTRACEPTIVES (BIRTH CONTROL PILLS)

I, (print or type name) _____,
request birth control pills (“the Pill”) as my family planning method.

I have received a pamphlet (included with each pack of pills) that has information about the benefits and risks of birth control pills and how to properly take birth control pills.

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

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

I understand that when taking the Pill, 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 taking the Pill:

- 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 Pill include:

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

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 ORAL CONTRACEPTIVES (BIRTH CONTROL PILLS) 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: _____