

FAMILY PLANNING DMPA INITIATION RECORD

Name _____

Age _____ Date of Birth _____

Allergies _____

Current Method of Contraception _____

Current Medications _____

LNMP _____ Last sexual intercourse _____

History

- Current known pregnancy or suspected pregnancy yes no
- Currently breastfeeding yes no
- Unexplained vaginal bleeding yes no
- Headaches with focal neurological symptoms and/or aura yes no
- Known or suspected breast cancer or history thereof yes no
- Hypertension (>140/90 mm Hg) or history thereof yes no
- Diabetes mellitus (vascular disease or >20 yrs duration) yes no
- Current thromboembolic disease or history thereof yes no
- Cerebrovascular or coronary artery disease or history thereof yes no
- Hepatic disease (tumors, hepatitis, cirrhosis) yes no
- Cancer of the endometrium (or estrogen dependent tumor) yes no

BP _____ Urine Pregnancy Test (if indicated) pos neg

Date _____ Interpreter Name _____

Staff Signature _____

Clinician Comments _____

Assessment DMPA contraception candidate yes no

Contraception Plan

- EC _____ offered given
- Condoms offered given
- DMPA (150 mg IM) offered given
- DMPA (104 mg SQ) offered given
- Other method of contraception initiated/continued/restarted _____

Clinician Comments _____

Return Visit _____

Date _____ Interpreter Name _____

Clinician Signature _____