

**Health Quarters**

**CONSENT FOR DEPO-PROVERA INJECTION**

Please initial each statement that you agree with.

\_\_\_\_ I understand that about 1 woman out of 100 using Depo-Provera each year may get pregnant.)

\_\_\_\_ I understand that Depo-Provera is given by an injection (a shot).

\_\_\_\_ I understand that the hormone, once injected, lasts for 3 months and that at the end of 3 months I will no longer be protected from pregnancy.

\_\_\_\_ I am aware of the benefits, disadvantages, and known risks of using Depo-Provera, including loss of bone density while on it and weight gain for some users.

\_\_\_\_ I am aware that almost all women who use Depo-Provera have changes in their bleeding. I also understand that when I want to get pregnant, it could take several months to get pregnant, and maybe up to a year or more.

\_\_\_\_ I understand that the area where Depo-Provera is injected might be sore or bruised for for a day or two after the injection. There is also a risk of an indent or skin changes at the injection site that may be permanent.

\_\_\_\_ I understand that I must not use Depo-Provera if I am pregnant or think I might be pregnant.

\_\_\_\_ I understand the importance of a daily intake of at least 1000 mg Calcium and 400 mg Vitamin D, and of physical activity to make strong bones.

\_\_\_\_ Depo Provera will not protect me against HIV or other sexually transmitted infections.

Someone talked with me and gave me written information about Depo Provera. I understand that information and choose to use this method of birth control.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_