

Health Quarters

DIAPHRAGM CONSENT FORM

Before you initial each section, make sure you have read and understood each statement. This form explains the effectiveness, the benefits and possible complications associated with diaphragm use. It also explains the danger signs you should watch for while you are using the diaphragm. If you have any questions, feel free to ask Health Quarters staff. You can change your mind any time about using this method.

_____ I understand that a diaphragm is a barrier method of contraception that covers the cervix and must be used with spermicidal jelly.

_____ I am aware that the diaphragm used with spermicidal creams or jelly and used correctly with each act of intercourse (except during menstruation when I should use another form of contraception like the condom) is approximately 80% to 94% effective in preventing pregnancy.

_____ I have been told that some women experience the following benefits from using a diaphragm:

- Reduction of up to 50% of the risk of getting gonorrhea and infections of the uterus and the tubes.
- After five years of use or more, it may lower the risk of getting precancerous and cancerous conditions of the cervix.

_____ I acknowledge that I cannot use the diaphragm as a birth control method if:

- I have a history of toxic shock syndrome
- I have allergy to rubber or spermicide
- I keep getting infections of the bladder
- I have had a delivery in the last 12 weeks
- I have severe abdominal, vaginal or vulvar pain
- I cannot be properly fit for the diaphragm or I cannot use it correctly.

_____ I understand that I could experience some of the following problems with diaphragm use:

- Toxic Shock Syndrome (rare)
- Recurrent bladder infections
- Allergic reaction to rubber/spermicide
- Irritation
- Foul smelling vaginal discharge, generally associated with prolonged use

- Pelvic discomfort
- Vaginal trauma or ulceration caused by prolonged use or too much rim pressure.

_____ I understand that I should stop using my diaphragm and call Health Quarters immediately if:

- I have pain in the abdomen, vagina or vulva
- I have abnormal vaginal bleeding, discharge, odor or other irritation
- I have signs of toxic shock syndrome (TSS) (fever 101 °F or over, diarrhea, vomiting, muscle aches, rash like a sunburn). If I cannot reach Health Quarters, I must go to the nearest emergency room.

_____ I have been given the diaphragm instruction sheet and it had been reviewed with the clinician/counselor. I understand the instructions well. I have been given the opportunity to ask questions about anything in these documents.

_____ I am aware that I must leave the diaphragm in place for at least 8 hours after the last intercourse but I must never leave it in for more than 24 hours.

_____ I understand that I should be refitted for a diaphragm should I gain or lose 10-15 pounds or more or 12 weeks after delivery.

_____ I understand that it is important to have an annual exam and Pap Smear.

_____ Following the above, I hereby acknowledge that I am voluntarily being fit for a diaphragm. It is the method of family planning I have chosen from the methods that have been explained to me. I have been given the opportunity to ask questions about all forms of Birth Control and the diaphragm in particular.

_____ Emergency Contraception is available in the event the diaphragm dislodges, tears or is removed prior to 8 hours.

Signature: _____ Date: _____

Witness: _____ Date: _____