

HEALTH QUARTERS
Consent for Estrogen Containing Contraceptives

Please read carefully, ask any questions, and initial each section.

___ I am aware that no contraceptive is 100% effective. About 5 out of 100 women become pregnant using one of these methods. With perfect use they can be close to 99% effective.

___ I am aware that these contraceptives can give me the following benefits:

- More regular periods with less cramping, bleeding and PMS symptoms
- Improvement in acne
- Protection from cancer of the uterus and ovary
- Less chance of benign breast lumps, ovarian cysts, and PID (pelvic infection)

___ I am aware that these methods do not protect against HIV or other sexually transmitted infections.

___ I have been told of the following possible but uncommon risks:

- Increase in blood pressure
- Blood clots in the legs, lungs, or brain. This is more of a risk in smokers, especially in those over age 35 and in women with certain other medical conditions.

___ I am aware of the following symptoms which could be a warning sign of something serious:

- A** Abdominal pain (severe)
- C** Chest pain (severe) or shortness of breath
- H** Headaches (severe)
- E** Eye problems – blurry vision or loss of vision
- S** Severe pain in one leg

___ If I develop any of these problems, I should call the clinic or go to the ER

___ If I choose to stop my birth control method I will then be at risk of a pregnancy unless I use condoms or another method. I can discuss changing methods at any time with the staff.

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

<input type="checkbox"/> Oral contraceptives. These need to be taken every day. Signature _____ Date _____ Witness _____
<input type="checkbox"/> Ortho Evra Patch These are applied once a week I understand that: ___ They may cause local irritation or discoloration to my skin. ___ They are less effective if I weigh over 198 pounds ___ They give me a higher dose of estrogen than the commonly used pills or the Nuva Ring. It may or may not increase the risk of serious side effects. ___ I have been advised not to smoke while using the Patch. Signature _____ Date _____ Witness _____
<input type="checkbox"/> Nuva Ring This is a vaginal method that is changed once a month. ___ Using this method gives me some protection from yeast and bacterial vaginosis. Signature _____ Date _____ Witness _____