

Request and Consent for Depo Provera® (The Shot)

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)		
	Month	Day
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White		Year
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported		
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. County of Residence		

Voluntary Participation and Confidentiality Statement: Title X services are provided solely on a voluntary basis. Individuals must not be subjected to coercion to receive services or to use or not to use any particular method of family planning. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the applicant. This information is confidential and will be treated as such.

Birth control methods may have good or bad side effects or complications, which may be harmful to me. I have been told that the most frequent benefits, risks and side effects are those listed below. Others not listed may occur.

Depo Provera Use Effectiveness: 94–99.7 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Contraception lasts three months	1. Pain at injection site	1. Altered menstrual periods
2. No estrogen, progestin-only	2. Menstrual cycle changes	2. Weight gain
3. Relief of menstrual cramps	3. Bone mineral density changes	3. Depression, fatigue or nervousness
4. Less blood loss during periods	4. No protection from sexually transmitted disease including HIV	4. Breast discomfort
5. Protective effect against pelvic inflammatory disease (PID)	5. Delayed return to fertility; average with regular use: nine to ten months after last shot	5. Headaches
6. Reduced risk of ectopic pregnancy	6. Return visits required every three months	6. Allergic reactions (rare)
7. May have fewer seizures		
8. Fewer sickle cell crises		
9. Less pain from endometriosis		

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- I do not wish to become pregnant now. One benefit of choosing a method of birth control is that I will be better able to delay a pregnancy until it is desired.
- All contraceptives offered by the clinic have been explained to me. I may change to another method if medically recommended. Also, I may stop using a birth control method if I wish to become pregnant. Instructions for the use of my chosen method have been given to me.
- I understand that to continue the use of Depo Provera®, I must come to the clinic for a check-up and shot every three months. It is my responsibility to schedule my shot appointments every three months (13 weeks). After three months, if I do not get another shot, the Depo Provera® effects will decrease and I may become pregnant.
- I have read the above (or have had it read to me) and have been given the opportunity to ask questions and received answers to my satisfaction. Being mentally competent, I assume full responsibility and release the local health department, including the attending clinician, staff and assistants of any and all liability for any adverse effects or pregnancy that may result from my using the method of birth control provided to me. I have been advised to call the clinic for discontinuation instructions if I choose to stop this method.

