

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		
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		

Request and Consent for Estrogen Containing Contraceptives (Combined Oral Contraceptive Pills, Patch and Vaginal Ring)

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, 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.

Estrogen Containing Contraceptives Use Effectiveness: 92–99 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Fertility should return quickly after discontinuation	1. May increase risk of heart attack and stroke (especially in women who smoke)	1. Breast tenderness
2. Predictable regular menstrual cycles	2. May increase the risk of blood clots in legs and lung	2. Headache
3. Decreased menstrual cramps and blood loss	3. Protection from pregnancy may be lowered when hormonal contraceptives are taken with certain drugs	3. Nausea
4. Less acne	4. May increase risk of hypertension	4. Skin irritation at patch site
5. Some protection from non-cancerous breast tumors and ovarian cysts	5. Not effective against sexually transmitted diseases including HIV	5. Abdominal pain
6. Less risk of ovarian and uterine cancer	6. Less effective in females weighing greater than 198 lbs (90 kg) — contraceptive patch	6. Darkening patches on the face
		7. Depression
		8. Vaginal discharge/discomfort

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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 contraceptive methods offered by this 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.
- I understand if any of the following dangers signs occur unusual swelling of legs or arms, sudden severe headaches, blurred or double vision, loss of vision, severe pain in abdomen or stomach, yellowing of the skin or eyes, severe depression, unusual heavy vaginal bleeding, new lump in breast, no period after having a period every month, I know to seek medical attention immediately.

4. **Instructions:**

The Pill: I have been told that I need to take my pill every day at the same time.

Contraceptive Patch: I am aware that I must apply the patch every week to an area of the upper torso (but never on the breasts), abdomen, upper outer arm or buttock. I will apply the patch on the same day of the week for three weeks in a row, then I remove it during the fourth week for my period. I am to rotate where I place the patch each week. I understand that the chance of becoming pregnant may increase if I weigh 198 pounds or more and if I do weigh more than 198 lbs, I should use a backup method such as condoms.

Contraceptive Ring: I am aware that the ring is inserted and worn for three weeks, then I remove it during the fourth week for my period. A new ring is inserted on the same day of the week as it was inserted in the previous cycle.

- 5. 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.
- 6. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.
- 7. I have chosen and requested combined oral contraceptives, patch or vaginal ring as a method of birth control.

_____/_____/_____
 Date Signature of Patient

_____/_____/_____
 Date Signature of Patient

_____/_____/_____
 Date Signature of Patient

INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual in choosing her birth control method:

I have translated the information and advice presented orally to the individual to use the above contraception by the person obtaining this consent. I have also read her the consent form in _____ language and explained its contents to her. To the best of my knowledge and belief, she understood this explanation.

 Interpreter Date

 Interpreter Date

 Interpreter Date