

## Request and Consent for Fertility Awareness Method

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		

**Voluntary Participation:** 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.

### Fertility Awareness Method Use Effectiveness: 75–95 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Medically safe 2. Helpful in planning or preventing pregnancy 3. Increases body awareness 4. Increased male involvement	1. Unintended pregnancy 2. Requires daily documentation to prevent pregnancy 3. Must keep records for several cycles before effective 4. Requires in depth instruction	1. May restrict sexual spontaneity 2. Women with irregular cycles may have difficulty with the method
<hr style="width: 20%; margin-left: 0;"/> <i>Contraceptive Technology</i> 19 <sup>th</sup> ed. 2007		

1. 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.
2. All contraceptives offered by this clinic have been explained to me. I may change to another method if medically recommended. In addition, 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.
3. The practice of medicine is not an exact science and no guarantee can be made to me about the effectiveness of any method of birth control.
4. 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.
5. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.
6. I have chosen and requested Fertility Awareness as a method of birth control.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
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