

Request and Consent for Progestin Only Oral Contraceptive (Mini-Pill)

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 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.

Progestin-Only Oral Contraceptive Use Effectiveness: 87–99 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. May be used by clients who cannot tolerate estrogen 2. May decrease menstrual flow 3. May decrease severity of dysmenorrhea 4. May reduce the incidence of sickle cell crisis 5. May be used while breastfeeding 6. Immediate regain of fertility	1. Not effective against sexually transmitted disease 2. May increase risk of ovarian cysts 3. Appears not to prevent ectopic pregnancy 4. Protection from pregnancy may be lowered when the mini pill is taken with certain drugs 5. Must be taken the same time every day	1. Change in menstrual bleeding 2. Headache 3. Breast tenderness 4. Nausea 5. Change in weight 6. Depression 7. Fatigue

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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. 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.
3. 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 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.
4. I have been provided information about an emergency number to call after clinic hours or when the agency is closed.
5. I have chosen and requested Progestin-only oral contraceptive 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