

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		

Request and Consent for Skyla® Levonorgestrel Releasing Intrauterine System

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.

Skyla® (Levonorgestrel IUD) Use Effectiveness: >99 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Highly effective contraception lasts three years 2. Gives freedom for greater sexual spontaneity 3. Cost effective 4. Decreased risk of ectopic pregnancy 5. Less blood loss during periods 6. Convenient	1. Infections occur within the first few days after Insertion (rarely) 2. IUD may go through the uterus. This is called perforation. 3. The IUD may come out by itself (expulsion). Use of a backup birth control method would be required for expulsion. 4. Missing IUD threads/strings—your provider can usually remove an IUD with missing threads in the office. Rarely, you will need minor surgery to remove an IUD with missing threads. 5. No protection from sexually transmitted diseases including HIV	1. Altered menstrual period first few months after insertion
<hr/> <p><i>Contraceptive Technology</i> 20th ed. 2011, Bayer HealthCare Pharmaceutical Inc. 2013</p>		

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. Contraceptive options reflective of my reproductive life plan 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 understand that to continue the use of the Skyla® IUD, I must come to the clinic for my yearly check up. It is my responsibility to schedule my yearly health check. I also understand it is my responsibility to check for IUD strings monthly and call my healthcare provider if I am unable to locate the strings.
4. I understand if any of the following danger signs occur including severe abdominal pain, unexplained fever or fever after insertion, pelvic pain or pain during sex, unusual vaginal discharge, genital sores, cannot feel the IUD strings, have severe or prolonged vaginal bleeding, or if partner has sexually transmitted disease, I know to seek medical attention immediately.

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 the Levonorgestrel Releasing Intrauterine System (Skyla®) 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 (**Check Applicable Option**):

- 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

- This agency is contracted with _____ to provide telephonic interpretation services. On ___/___/_____, **Service Representative Name/ID#:** _____ translated the information and advice presented orally to the individual, inclusive of this consent form, to use the above contraception by the person obtaining this consent. Information was translated in _____ language.

 Agency Interviewer Date