

Informed Consent for Oral Contraceptives

Check the space after reading the statements.

I have discussed the methods of birth control and have chosen to take the birth control pill. _____

I understand the Pill is very effective birth control, but occasionally women might get pregnant while taking it. I know there is less chance of this happening if I take the Pill correctly and do not skip or miss taking any pills. I understand I should not begin to take the Pill if I am pregnant. _____

I understand that Pill users may have a slightly greater chance than non-users of developing certain serious problems, including blood clots, that may become fatal in very rare cases. I will read the complete package insert. _____

I understand that the chance of developing serious health problems increases with age and when certain other health risk factors are present such as:

- smoking more than 15 cigarettes a day
 - age 35 or older
 - high blood pressure
 - high levels of blood cholesterol
 - diabetes
- _____

I understand that I should not use the Pill if I have had, now have, or develop in the future:

- blood clots
 - inflammation in the veins (phlebitis)
- _____

I understand that some minor side effects of the Pill may include:

- nausea, vomiting
 - breast tenderness
 - weight gain or loss
 - spotting between periods
 - headaches
- _____

I know when taking the Pill I should watch for these danger signals:

- A — abdominal pain
 - C — chest pain or shortness of breath
 - H — headaches that are severe
 - E — eye problems such as blurring or double vision
 - S — severe depression
 - S — severe leg pain/swelling
- and report them immediately to my doctor, nurse, or other health care provider. _____

I understand I need regular check-ups while taking the Pill including a physical exam, pelvic exam, and lab tests. _____

I understand that I should do a monthly breast self-examination. _____

I understand that there may be less protection from pregnancy when the Pill is taken with some drugs, including drugs to control seizures and certain antibiotics. I understand that I should talk to my doctor about taking any other medicines with the Pill. _____

I understand that in addition to its benefit as a method of birth control, some women experience the following benefits from using the Pill:

decreased menstrual cramps and blood loss

predictable, regular menstrual cycles

less iron deficiency anemia

less acne

some protection from non-cancerous breast tumors and ovarian cysts

some protection from ovarian and uterine lining cancer

• decreased risk of infection of the pelvis, uterus or tubes (pelvic inflammatory disease)

fewer ectopic pregnancies _____

I understand that if I see a doctor for any reason, I should tell him/her that I am on the Pill. _____

I understand that the Pill does not protect me from getting sexually transmitted diseases (STDs) and it is recommended that condoms be used with each occurrence of vaginal intercourse. _____

I know that if I have any questions or problems, a health care provider is available to me by phone, or by page, or in the Emergency Room. _____

Signature of Patient

Date

Signature of Witness

Telephone Number

UPDATES

Signature of Patient

Date

Signature of Witness

Signature of Patient

Date

Signature of Witness

Signature of Patient

Date

Signature of Witness

Signature of Patient

Date

Signature of Witness