

Patient Name (print): \_\_\_\_\_ Date: \_\_\_\_\_

<p align="center"><b>Patient should circle each "X" to indicate that she has read and understood each statement.</b></p>		
1.	I have discussed the methods of birth control and have chosen to use hormonal contraceptives (HC).	<b>X</b>
2.	I understand that HCs are very effective birth control but occasionally women might get pregnant taking it. I know there is less chance of this happening if I use HCs correctly and do not skip or miss taking my doses. I understand I should not begin taking the HC if I am pregnant.	<b>X</b>
3.	I understand that there may be less protection from pregnancy when HCs are 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 medicine with HCs.	<b>X</b>
4.	I understand that I need regular check-ups while taking HCs including a physical and pelvic and lab tests.	<b>X</b>
5.	<p>I understand that the chances of developing serious health problems increase with age, and when certain other health risk factors are present such as:</p> <ul style="list-style-type: none"> <li>• Smoking more than 15 cigarettes a day</li> <li>• Age 35 or older</li> <li>• High levels of blood cholesterol</li> <li>• Diabetes</li> </ul>	<b>X</b>
6.	<p>I understand that HC users have a slightly greater chance than non-users of developing certain serious problems that may become fatal in rare cases, including:</p> <ul style="list-style-type: none"> <li>• Blood clots</li> <li>• Stroke</li> <li>• Heart attack (to women age 35 or older)</li> <li>• Liver tumors</li> </ul>	<b>X</b>
7.	<p>I know when taking HCs I should watch for these danger signals:</p> <p>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</p> <p>And report them immediately to my doctor.</p>	<b>X</b>
8.	<p>I understand that I should not use HCs if I have had, now have, or develop in the future:</p> <ul style="list-style-type: none"> <li>• Blood clots</li> <li>• Inflammation in the veins (phlebitis)</li> </ul>	<b>X</b>
9.	I understand that if I see a doctor for any reason, I should tell him/her that I am on HCs	<b>X</b>
10.	<p>I understand that some minor reactions to HCs may include:</p> <ul style="list-style-type: none"> <li>• Nausea, vomiting</li> <li>• Breast tenderness</li> <li>• Weight gain or loss</li> <li>• Spotting between periods</li> <li>• Headaches</li> </ul>	<b>X</b>

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11.	<p>I understand that in addition to its benefits as a method of birth control some women experience the following benefits from using HCs:</p> <ul style="list-style-type: none"> <li>• Decreased menstrual cramps and blood loss</li> <li>• Predictable, regular menstrual cycles</li> <li>• Less iron deficiency anemia</li> <li>• Less acne</li> <li>• Some protection from ovarian and uterine lining cancer</li> <li>• Decreased risk of infection of the pelvis, uterus, or tubes (PID)</li> <li>• Fewer ectopic pregnancies</li> </ul>	<b>X</b>
12.	<p>I understand that HCs do not protect me from getting STIs (sexually transmitted infections) and it is recommended that condoms be used to do this.</p>	<b>X</b>
13.	<p>I know that if I have any questions or problems a provider is available to me by phone or in the emergency department.</p>	<b>X</b>

**Additional item for transdermal patch**

<p>I understand the benefits and risks of the patch and that the United States Food and Drug Administration (FDA) believes it is a safe and effective method when used according to the labeling.</p>	<b>X</b>
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**Additional items for Depo-Provera**

<p>I understand rare cases of low bone density (weakening bone strength) including bone fractures have been reported in women taking the Depo-Provera shot. For this reason, the FDA states that the shot not be taken for more than two years continuously unless other appropriate methods are not available. I have been encouraged to take calcium daily.</p> <p>I understand that the Depo-Provera shot may cause significant weight gain only if I have a tendency to gain weight. I understand that if I have chosen this method, I have been encouraged to exercise and watch my eating habits.</p>	<b>X</b>
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Adapted from: [uptodate.com](http://uptodate.com)

<p>Patient name (printed): _____</p>	
<p>Patient signature: _____</p>	<p>Date: _____</p>
<p>Physician signature: _____</p>	<p>Date: _____</p>