

Place Patient Label Here

## Request and Consent for Estrogen Containing Contraceptives (Combined Oral Contraceptive Pills, Patch and Vaginal Ring)

**Voluntary Participation and Confidentiality Statement:** Title X services are being provided to me solely on a voluntary basis. I am choosing to receive these services of my own free will. I understand that staff may not coerce(force) me to receive services, to use, or not to use any particular method of family planning. I understand I have the right to accept or refuse family planning services without being denied eligibility for any other services/programs provided by this agency. 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.

### Estrogen Containing Contraceptives Use Effectiveness: 92–99 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Fertility should return quickly after stopping	1. May increase risk of heart attack and stroke (especially in women who smoke)	1. Breast tenderness
2. Predictable regular menstrual cycles (pills & patch)	2. May increase the risk of blood clots in legs and lung	2. Headache
3. Decreased menstrual cramps and blood loss	3. Protection from pregnancy may be lowered when hormonal contraceptives are taken with certain drugs	3. Nausea
4. Less acne	4. May increase risk of high blood pressure	4. Skin irritation at patch site
5. Some protection from non-cancerous breast tumors and ovarian cysts	5. No protection against sexually transmitted infections, including HIV	5. Abdominal pain
6. Less risk of ovarian and uterine cancer	6. Less effective in females weighing greater than 198 lbs. (90 kg) — contraceptive patch	6. Darkening patches on the face
		7. Depression
		8. Vaginal discharge/discomfort
		9. Irregular bleeding with vaginal ring

*Contraceptive Technology 22<sup>nd</sup> ed. 2023*

- 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) The contraceptive methods that I am interested in have been explained to me. I may change to another method or stop using a birth control method at any time I wish, for any reason, including if I wish to become pregnant or if medically recommended.

- 3) I understand if any of the following dangers signs occur, I am to seek medical attention immediately: severe pain in abdomen or stomach, vomiting or cramping; chest pain, left arm/shoulder pain, coughing, shortness of breath; blurred or double vision, loss of vision, difficulty speaking; swelling of legs, heat, redness, tenderness in legs; severe mood swings or depression; yellowing of my skin or eyes; . unusual heavy vaginal bleeding, new lump in breast, or no period after having a period every month.
- 4) Instructions
- a. The Pill: I have been told that I need to take my pill every day at the same time.
  - b. Contraceptive Patch: I am aware that typical use is that I must apply the patch every week to an area of the upper body (but never on the breasts), abdomen, upper outer arm or buttock. I will apply the patch on the same day of the week for three weeks in a row then remove it during the fourth week for my period. I am to rotate where I place the patch each week. I understand that the chance of becoming pregnant may increase if I weigh 198 pounds or more and if I do weigh more than 198 lbs., I should use a backup method such as condoms together with the contraceptive patch.
  - c. Contraceptive Ring: I am aware that the ring is inserted and worn for three weeks, then I remove it during the fourth week for my period. A new ring is inserted on the same day of the week as it was inserted in the previous cycle.
- 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 with information about an emergency number to call after clinic hours or when the agency is closed.
- 7) I have chosen and requested combined oral contraceptives, patch or vaginal ring as a method of birth control.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Patient

#### INTERPRETER'S STATEMENT

If an interpreter is provided to assist the individual in choosing a birth control method:

I have translated the information and advice presented orally to the patient to use the above contraception by the person obtaining this consent. I have also read the patient the consent form in \_\_\_\_\_ language and explained its contents. To the best of my knowledge and belief, the patient understood this explanation.

\_\_\_\_\_  
Interpreter

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date