

Place Patient Label Here

N.C. Department of Health and Human Services
Division of Public Health
Women, Infant, and Community Wellness Section
Reproductive Health Branch

Request and Consent for Fertility Awareness-Based Method (FABM)

Voluntary Participation: Title X services are provided 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 or 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.

Fertility Awareness Method Use Effectiveness:77–95 Percent

Benefits

1. Medically safe
2. Helpful for both planning and preventing pregnancy
3. Increases body awareness of fertility signs and hormone cycles
4. Allows partner involvement, if desired,
5. Different FABMs available that might appeal to different people

Possible Risks/Disadvantages

1. Need to abstain or use alternative method during fertile days
2. Requires daily awareness of fertility and decision-making about sex. May require daily tracking and documentation of fertility signs like temperature, urinary hormones and cervical fluid.
3. May require in depth instruction to use correctly
4. No protection from sexually transmitted disease infections, including HIV
5. Long or irregular periods/cycles may make some FABMs harder to use
6. Requires partner involvement

Possible Side Effects

1. If unplanned penile vaginal sex happens during the fertile time, pregnancy is highly likely.
2. May decrease sexual spontaneity

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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. The contraceptives 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. 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 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.
4. I have been provided with information about an emergency number to call after clinic hours or when the agency is closed.
5. I have chosen and requested Fertility Awareness 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