

Place Patient Label Here

## Request and Consent for Progestin Only Oral Contraceptive (Mini-Pill)

**Voluntary Participation and Confidentiality Statement:** Title X services are being provided to me solely on a voluntary basis. 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, 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.

### Progestin-Only Oral Contraceptive Use Effectiveness: 93–99 Percent

#### Benefits

1. May be used by clients who cannot use estrogen
2. May decrease amount of menstrual flow
3. May decrease severity of painful menstrual cramps
4. May reduce the incidence of sickle cell crisis and endometriosis pain
5. May be used while breastfeeding
6. Immediate regain of fertility

#### Possible Risks/Disadvantages

1. Does not protect against sexually transmitted infections, including HIV
2. Must be taken at the same time everyday
3. Increase of unscheduled bleeding
4. May increase risk of ovarian cysts
5. May not to prevent ectopic pregnancy as well as intrauterine pregnancy
6. Protection from pregnancy may be lowered when the mini pill is taken with certain drugs

#### Possible Side Effects

1. Change in menstrual bleeding
2. Headache
3. Breast tenderness
4. Nausea
5. Weight gain or loss
6. Depression
7. Fatigue

#### *Contraceptive Technology 22<sup>nd</sup>*

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 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 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 receive answers to my satisfaction. Being mentally competent, I assume full responsibility and release the local health department, including 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.
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 Progestin-only oral contraceptive 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, how 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