

**PINAL COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH**

CONSENT FOR COMBINATION ORAL CONTRACEPTIVES (PILLS)-ENGLISH

Initials

Please read the following information carefully and ask questions if there is something you don't understand.

____ I am aware that there are several birth control methods to choose from, including:

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|----------------------------|--|
| *Abstinence | *Contraceptive foam and film |
| *Depo-Provera | *Fertility awareness, or Natural family planning |
| *Diaphragm + cream, or gel | *Sterilization for men or women |
| *Condoms | *Nexplanon/Implanon |
| *IUD | *Hormone Patch |
| *Vaginal Ring | |

____ I have been informed how Oral Contraceptives work to prevent pregnancy.

____ I have been informed that as long as the PILL is taken exactly as instructed, pregnancy is prevented in almost 100% of the women using the method. However, in typical use, 9% of the women using the PILL get pregnant within first year of use.

____ I have been informed of the benefits, disadvantages, possible risks & side effects of using the PILL.

____ I have been told that the PILL may sometimes cause serious health problems such as:

- | | | |
|--------------------------------|-----------------------|-----------------|
| * blood clots in legs or lungs | * stroke | * heart attack |
| * high blood pressure | * gallbladder disease | * liver disease |
| * liver tumor | * death (very rare) | |

____ I have been told that the risk of serious health problems is increased for women over 35 years of age who smoke.

____ I have received instructions about how and when to take the PILL.

____ I have been given the information sheet "Starting Birth Control Pills/Oral Contraception" and have reviewed the PILL Danger signs (ACHES). I know when, where, and how to get medical care.

____ I have been informed that using the PILL does not protect me from the HIV/AIDS virus or other diseases people can get by having sex (STD's). I have been informed that using latex condoms can help prevent STD's and HIV.

____ I have had time to discuss any questions I have with my clinician. I agree that it is my responsibility to return to the clinic as advised.

____ My signature below indicates I have read and understand the above information and that I freely consent to the use of Oral Contraceptives as a birth control method.

CLIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE: _____