

**PINAL COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
CONSENT FOR DEPO-PROVERA CONTRACEPTIVE**

Please read carefully and ask questions if you do not understand something.

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

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

Initials

- ____ I understand how DMPA works to prevent pregnancy.
- ____ I have been informed that the shot works for 12 weeks. If I wish to keep using DMPA, I must get a shot every 10-14 weeks.
- ____ I have been informed of the benefits, disadvantages, possible risks & side effects of using DMPA.
- ____ I have been told that all women who use the shot have some changes in their menstrual bleeding.
- ____ I understand that if I have problems with using DMPA, I may have to wait 3 or 4 months until the shot wears off to feel better.
- ____ I have been told about the **Warning Signs**. I know when, where, and how to get medical care.
- ____ I understand that using DMPA does not protect me from the HIV/AIDS virus or other diseases people can get by having sex (STD's). I understand that using latex condoms can help prevent STD's and HIV.
- ____ I understand that women who use the DMPA injection may have bone loss but it is usually reversible.
- ____ I have read the information sheet. I have had time to discuss any questions I have with my clinician. I have been told I can get answers to any questions as they come up.
- ____ I agree to come back to the clinic as advised or any time I am having a problem.
- ____ My signature below indicates I have read and understand the above information and that I freely consent to the use of Depo Provera as a birth control method.

CLIENT SIGNATURE: _____ DATE: _____

WITNESS SIGNATURE: _____ DATE _____