

NEICAC HEALTH SERVICES
FAMILY PLANNING PROGRAM
INFORMED CONSENT FOR CONTRACEPTIVE METHODS
(Prescription & Non-Prescription)

CHART LABEL

ORAL CONTRACEPTIVES

I have chosen oral contraceptives as my method of contraception. I have been provided counseling and written information regarding the benefits and risks, effectiveness, potential side effects, complications, and danger signs of oral contraceptive use. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

DEPO-PROVERA

I have chosen Depo-Provera as my method of contraception. I have been provided counseling and written information regarding the benefits and risks, effectiveness, potential side effects, complications, and danger signs of Depo-Provera. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

NUVA RING

I have chosen the Nuva Ring as my method of contraception, I have been provided counseling and written information regarding the benefits and risks, effectiveness, potential side effects, complications, and danger signs of Nuva Ring. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

BARRIERS (Condoms, Foams, or Diaphragm)

I have chosen to use a barrier as my method of contraception. I have been provided counseling and written information regarding the benefits, risks, effectiveness, potential side effects, and complications related to the use of this method. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

INTRAUTERINE DEVICE (IUD)

I have chosen the Intrauterine Device (IUD) as my method of contraception. I have been provided counseling and written information regarding the benefits and risks, effectiveness, potential side effects, complications, and danger signs of the IUD. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

IMPLANON

I have chosen the Implanon as my method of contraception. I have been provided counseling and written information regarding the benefits and risks, effectiveness, potential side effects, complications, and danger signs of the Implanon. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

EMERGENCY CONTRACEPTION (PLAN B)

I have requested Plan B for emergency contraceptive use. I have been provided counseling and written information regarding the benefits and risks, effectiveness, potential side effects, complications, and danger signs of using Plan B. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

ORTHO EVRA “The Patch”

I have chosen Ortho Evra transdermal system as my method of contraception. I have been provided counseling and written information regarding the benefits and risks, effectiveness, potential side effects, complications, and danger signs of Ortho Evra transdermal system use. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date

NATURAL FAMILY PLANNING (CycleBeads) OR FERTILITY AWARENESS METHOD

I have chosen to use Natural Family Planning for Fertility Awareness as my method of contraception. I have been provided counseling and written information regarding the benefits, risks, effectiveness and complications related to the use of this method. I have been given the opportunity to ask questions and I understand the information that has been provided to me.

Patient Signature

Date

Witness

Date