ORAL CONTRACEPTIVE CONSENT FORM

The following consent form is designed to aid each patient in understanding information about oral contraceptives. Please read it carefully and ask questions if needed.

I acknowledge that I am voluntarily receiving birth control pills……………………………

INITIAL __________

Other methods of contraception including abstinence have been explained to me, and the birth control pill is the method of family planning which I choose from all the other methods explained to me. The advantages and disadvantages of the BIRTH CONTROL PILL and the other methods of contraception have been explained to me ………………………………..

INITIAL __________

I realize that the birth control pill is not 100% effective against preventing pregnancy. I realize that the birth control pill used correctly and consistently is close to 99% effective…..

INITIAL __________

I realize the birth control is effective for a 24 hour period and the effectiveness of the pill starts to decrease after 24 hours.

INITIAL __________

I am aware that the birth control pill offers NO protection against sexually transmitted diseases including the A.I.D.S. virus. I realize that my risks of acquiring A.I.D.S. as well as other sexually transmitted diseases may be greatly diminished by having my partner(s) wear a condom also for each act of intercourse in addition to my birth control pill……

INITIAL __________

I am aware that the following symptoms are serious and if I experience any of them I should return to the clinic or a physician:

A = Abdominal pain (severe)
C = Chest pain (severe), cough, shortness of breath
H = Headaches (severe), dizziness, weakness, numbness
E = Eye problems (vision loss or blurring), speech problems
S = Severe leg pain (calf or thigh)……………………………………………………

INITIAL __________

In addition, I am aware that I must see my practitioner if I develop depression, yellow jaundice, or a breast lump………………………………………………………………

INITIAL __________

I am aware that the following side effects – while extremely rare – might occur while I am using the birth control pill:

Blood clots of the legs or the lungs
Strokes or heart attacks
Gall bladder disease
A type of liver tumor

INITIAL __________
I realize that some minor and usually temporary side effects might occur while I am taking the birth control pill including:
- spotting or staining between periods
- diminished menstrual flow
- breast tenderness or enlargement
- weight gain (couple pounds -cyclic prior to menses)
- headache
- depression
- elevated blood pressure
- nausea
- infections of the vagina

I am aware that a majority of serious complications of birth control pill occur in women over 35 years old who smoke

I realize that I should abstain from intercourse or use an additional reliable contraceptive during the first week of my birth control pill but would be best to use condoms all the time. No method of contraception is 100% reliable.

I have read the oral contraceptive pill instruction handout.

I have read the above material; It has been fully explained. I have been given the opportunity to ask questions and I understand the information. I have chosen to use the oral contraceptive pill.

Student’s Signature_________________________________________________Date____________________

Witnessed by________________________________________________________

Brown Lupton Health Center
Texas Christian University