CONSENT FOR ORAL CONTRACEPTIVE PILLS (OCP’s)

Your signature at the bottom indicates that you have read, understand and had an opportunity to ask and have questions answered.

I am aware that there are several contraceptive methods from which to choose including:

- Sterilization for either partner
- Condoms
- Norplant
- Intrauterine Device (IUD)
- Depo-Provera Injections
- Diaphragm with Spermicidal Cream/Jelly
- Oral Contraceptive Pills
- Ovulation Monitoring Methods (Rhythm)

I understand that pill users have a slightly greater chance than non-users of developing certain serious problems that may become fatal in some cases, including: blood clots, stroke (blockage or rupture of the blood vessels in the brain), heart attack and benign liver tumors.

As long as the pill is taken exactly as instructed, pregnancy is prevented in almost 100% of women using this method. However, in actual use, 5% of women using the pill may get pregnant.

I understand that the chances of developing serious health problems increase with age and when certain other health risk factor are present such as: smoking, age >35, high blood pressure, high levels of blood cholesterol, diabetes, and morbid obesity.

I understand that I should not use the pill if I have had, or now have: blood clots (legs, lungs, or eyes), inflammation in the veins (phlebitis), heart attack or stroke, known or suspected breast cancer, and liver tumors.

I understand that some minor reactions to the pill may include:

- Nausea and vomiting
- Fluid retention leading to breast tenderness or weight gain
- Spotting between periods
- Lack of menstrual periods
- Headaches
- Spotty darkening of facial skin

Minor reactions as listed above are temporary and will resolve after cessation of pill use.

I have been advised when taking the pill to watch for the following danger signals and report them to the doctor:

A = Abdominal pain that is severe, especially in the upper right side
C = Chest pain or shortness of breath
H = Headaches that are severe
E = Eye problems such as blurring or double vision
S = Severe leg pain or swelling
S = Severe depression

I understand that the pill does not protect me from getting sexually transmitted diseases and it is recommended that condoms be used to do this. Latex condoms are recommended for all relationships in which there is a risk of transmission of the AIDS VIRUS.

SIGNATURES

Patient: ___________________________ Date: ___________________________

Witness: ___________________________ Date: ___________________________

(Print name then sign)