

ORAL CONTRACEPTIVE CONSENT

I have read and understand the instructions and have been advised concerning oral contraceptives as a method of birth control. I have had an opportunity to ask questions about it.

I am aware that birth control pills are not guaranteed to be 100% effective, but that combined birth control pills can be close to 99% effective if I take them consistently and correctly.

I have been advised and understand that my periods may be shorter, with a lighter flow, and that during the first two (2) months on the pill, I may have breast tenderness, nausea, dizziness, and spotting. I understand that I should use a back-up method (foam or contraceptive cream and/or condoms) during the first two weeks on the pill.

I have also been advised and understand that there are some medical risks when taking the pill: stroke, blood clots, liver problems, high blood pressure, gallbladder disease, and birth defects if the pill is taken while pregnant. If I forget to take the pill, I have an increased risk of pregnancy. These problems and their incidence are specified in the "Detailed Patient Labeling" that is included in the pill package.

I have also been advised and understand that the medical risks of oral contraceptives increase with age, especially over 35 years of age, and the risk of heart attack and stroke increases with smoking and use of oral contraceptives.

I have been told that I may stop using the pills at any time. I have been told that I should use another means of birth control until I have three regular periods before attempting to become pregnant. I have also been informed that if my periods were very irregular, very heavy, and/or very painful before taking pills, they may return to this pattern when I stop taking birth control pills.

Having been advised and understanding the significant risks related to oral contraceptives, I wish to use this method of birth control and intend to return to this office within two (2) months for a follow-up check-up.

I have also been advised and understand that serious pill-related health problems are rare, but they are real. Therefore, I agree that if I experience any of the danger signs, I will call the clinic, my private physician, or go to an emergency room such as The Children's Hospital for immediate care.

Signature of Patient

Date

Witness

Date