

ABCD Family Planning Partnership
Informed Consent for Combined Oral Contraceptives (Birth Control Pills)

Name: _____

Date of Birth: _____

Medical Record Number: _____

1. I voluntarily choose and consent to use combined oral contraceptives (birth control pills) as a method of preventing pregnancy. I consent to the medical treatments, physical exams, procedures, and lab tests my healthcare providers advise are needed for me to use birth control pills.
2. Before making my decision, I received a full explanation of the methods of preventing pregnancy including: combined oral contraceptive birth control pills, progestin-only birth control pills, contraceptive patch, vaginal contraceptive ring, contraceptive implant, contraceptive injection, hormonal IUD, copper IUD, male condoms, female condoms, sponge, spermicides, emergency contraception, natural family planning, permanent contraception (sterilization), and abstinence (not having sex). I understand that except for abstinence no method of birth control is 100% effective.
2. The risks and benefits of using birth control pills to prevent pregnancy have been explained to me including effectiveness, potential side effects, and warning signs. These are described in the ABCD Combined Oral Contraceptives (Birth Control Pills) Fact Sheet, which has been provided to me and I understand.
3. Because smoking increases the risk of serious side effects, I understand I should not smoke while taking birth control pills.
4. I understand that birth control pills will only prevent pregnancy if I take them exactly as directed. I received instructions about how to take birth control pills at the same time every day and what to do if I forget. I was told how to stop taking the birth control pill if I no longer want to use this method to prevent pregnancy.
5. I understand that birth control pills will not protect me from HIV or other sexually transmitted diseases (STDs).
6. I was told how to contact the health center if I have questions, concerns, or an emergency.

I understand the above consent form and have been given the opportunity to ask questions.

Signature of Client

Date

Signature of Interpreter (If Needed)

Date

Signature and Title of Provider

Date