

# General Consent for Birth Control

When you sign this consent form, it means that:

- ◆ Your Family PACT provider has told you about all the birth control methods.
- ◆ You have discussed which birth control method is right for you.
- ◆ Your Family PACT provider has told you about how to use your birth control method safely and successfully.

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**Directions:** Read each statement carefully. If you agree with the statements, sign your name on the line below.

- ◆ I understand that there many birth control methods I could choose from. These include:
  - ❖ Pill
  - ❖ Patch
  - ❖ Ring
  - ❖ Shot
  - ❖ Implant
  - ❖ Diaphragm
  - ❖ Spermicides
  - ❖ Sponge
  - ❖ Cervical Cap
  - ❖ Condoms for Men
  - ❖ Condoms for Women
  - ❖ Intrauterine Contraception (IUC)
  - ❖ Natural Family Planning
  - ❖ Fertility Awareness Method
  - ❖ Lactation Amenorrhea Method
  - ❖ Sterilization for Men
  - ❖ Sterilization for Women
- ◆ My Family PACT provider has explained how to use the method I have chosen in a way that I understand.
- ◆ I have been told how the method works to prevent pregnancy and how well it works for most people.
- ◆ I have been told about the benefits and risks of using this method. We have discussed any health problems I may have.
- ◆ I have talked with my Family PACT provider about any side effects there may be with using this method. I understand that side effects are reactions and changes that could happen because I use this method.
- ◆ My Family PACT provider has told me about any complications for the method I have chosen. I understand that complications are rare but serious health problems that could happen. I have been told the warning signs of these complications.
- ◆ I understand what to do if I want to stop using the method I have chosen.
- ◆ I have been given written information about the method I have chosen in a language I understand.
- ◆ My Family PACT provider has answered all my questions.

Based on this information, I have freely chosen to use \_\_\_\_\_  
(name of method)  
as my method of birth control.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_