

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.

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

- ◆ 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 _____ as my method of birth control.
(Name of method)

Signed: _____

Date: _____

