



BEGINNING ORAL CONTRACEPTIVES

Name _____

Date of Birth _____

Please read each of the following statements carefully. If you understand the statement, place a checkmark on the line in front of it. If you do not understand the statement, please ask us. We are here to help you.

_____ I have discussed methods of birth control, controlling periods, or acne and have chosen to take birth control pills, also known as Oral Contraceptives or “the Pill”

_____ I understand that no method of birth control (except abstinence – that is, not having sex) is 100% effective.

_____ I understand the Pill is a very effective method of birth control but that there is a slight (1-5%) risk of becoming pregnant while taking the Pill. Other methods have a 10% failure rate.

_____ I know there is less chance of becoming pregnant if I take the Pill correctly and do not skip any.

_____ I understand I should not begin to take the Pill if I am pregnant.

_____ I understand that Pill users have a slightly greater chance than non-users of developing certain serious, but rare, possibly fatal health problems. These problems include:

- blood clots in the legs, lungs, or stroke
- heart attack (especially women age 35 and older) or high blood pressure
- benign liver tumors

_____ I understand that Pill users chances of developing serious health problems increase with age, especially when certain other health risk factors are present, such as:

- smoking
- over age 35
- high blood pressure
- high levels of blood cholesterol
- diabetes
- obesity, especially if over 200 pounds

_____ I understand that I should not use the Pill if I have had, now have, or ever develop, blood clots or inflammation in the veins (phlebitis), or if I have a family history of inherited clotting problems (until you are tested for the clotting problem yourself).

_____ I understand that I may have some minor reactions to the Pill such as:

- nausea, vomiting, headaches
- breast tenderness or spotting between periods

_____ I understand I need regular check-ups while taking the Pill.

_____ I know that when taking the Pill I should watch for the following danger signals and report them immediately to my doctor:

- A – abdominal pain
- C – chest pain or shortness of breath
- H – headaches which are severe
- E – eye problems such as blurring or double vision
- S – severe leg pain/swelling

_____ I understand that there may be less protection from pregnancy when the Pill is taken with some drugs, including drugs to control seizures and certain antibiotics. I understand that I should talk to my doctor about taking any other medicine with the Pill.

_____ I understand that if I see a doctor for any reason, I should tell him/her that I am on the Pill.

_____ I understand that, in addition to its benefit as a method of birth control, some women experience the following benefits:

- decreased menstrual cramps and blood loss
- predictable, regular menstrual cycles
- less iron deficiency (anemia)
- less acne
- some protection from non-cancerous breast tumors and ovarian cysts
- decreased risk of infection of the pelvis, uterus, or tubes (Pelvic Inflammatory Disease – PID)
- fewer ectopic (tubal) pregnancies
- most studies do not indicate an increased risk of breast cancer in pill users

_____ I UNDERSTAND THAT THE PILL DOES NOT PROTECT ME FROM GETTING SEXUALLY TRANSMITTED DISEASES SUCH AS AIDS, AND THAT CONDOMS MUST BE USED TO DO THIS.

_____ I know that if I have any questions or problems, I should call my doctor.

Signature of Patient

Date

Signature of Witness

Date