PATIENT BIRTH CONTROL TREATMENT AGREMENT

"The Pill" contains a combination of progesterone and estrogen, similar to hormones that are naturally made by our bodies. It prevents pregnancy through several different mechanisms, including suppression of ovulation (inhibiting the release of an egg), maintenance of a thickened cervical mucus (which decreases sperm penetration), and inhibiting a fertilized EGG (in the rare instance that fertilization may have occurred) from implantation in the lining of the uterus. The "Ring" and the "Patch" also contains a combination of estrogen and progesterone and prevents pregnancy by the same methods described above. The risks, benefits and side effects are the same as for the Pill.

Progestin
My practitioner may prescribe the progestin only "pill" if he/she feel it is more appropriate for you. I agree that if this is the medical judgment of my practitioner, that I will agree to the treatment.

Effectiveness
If used according to the instructions, the combination Pill, Patch or Ring is 99.5% effective in preventing pregnancy. Since the Pill, Patch or Ring provides no protection against sexually transmitted diseases including HIV/AIDS, the most effective way of preventing infections, other than abstinence, is to use condoms.

Benefits
I understand that women may experience the following benefits from using the Pill/Patch/Ring:
Decreased menstrual cramps
Less risk of pelvic inflammatory disease
Decreased menstrual bleeding
Improvement in acne (if any did exist)
Increased regularity of periods
Less risk of cancer of the uterus or ovaries
Decreased mid-menstrual cycle pain
Less risk of benign breast tumors and ovarian cysts

Risks
The Pill, Patch and Ring are some of the most researched forms of birth control. Most studies confirm that they are very safe for healthy, young non-smoking women. However, each woman's ability to tolerate the Pill/Patch/Ring is individual and there are sometimes contraindications to using these products. I have been told to watch for the following danger signals and to return to The Student Health Center or make contact with another primary care provider immediately if one of the following problems occur:

CAUTION:
A Abdominal pain (severe)
C Chest pain (severe), shortness of breath
H Headache (severe), dizziness, weakness or numbness
E Eye problems (vision loss or blurring), speech problems
S Severe leg pain (calf or thigh)

CONTRAINDICATIONS

- Current or prior history of blood clots
- History of heart disease or stroke
- Breast cancer
- other GYN cancer
- Liver disease or liver tumor/cancer
- Severe migraines
- Migraines with aura
- Current cigarette smoking or nicotine use

I am aware that while using hormonal contraceptives, I could have the following side effects, many of which can be temporary:

Potential major side effects (rare):
Blood clotting in the legs or lung
Gallbladder disease
High blood pressure
Liver tumors

Potential minor side effects:
Spotting between periods
Mood changes
Increased breast tenderness or size
Dark spots on skin of face
Weight gain or loss
Worsening of acne
Nausea
Skin rash (adhesive on Patch)
Decreased effectives with certain drugs (i.e antibiotics, GLP-1a, etc)

I have been informed on the proper use of the Pill/Patch/Ring and understand that in order for the contraceptive method to be effective I must use it consistently and correctly. I have been told that I should use another method of birth control until I have had at least one regular period before attempting to become pregnant. I have also been informed that my periods will most likely return to their previous status when I stop using the Pill/Patch/Ring.

I have read all the above information and willingly choose the Pill, Patch or Ring for my birth control method. I have had all my questions regarding this and other available methods answered to my satisfaction.

By signing this agreement, I attest that I do not have any of the contraindication conditions, I do not have family history of any of the contraindicated conditions and have fully disclosed all necessary information to my provider in order for him/her to make an informed and safe medical decision in prescribing me a combination or progestin only birth control pill. Further, I agree to follow the prescription and directions of the pharmacist and provider without variation, and if I have any questions or concerns, or experience any possible side effects, I will contact my nurse practitioner immediately and fully disclose my condition and await instructions from my provider on how to proceed.

BY CLICKING "I AGREE" AND PROVIDING YOUR ELECTRONIC SIGNATURE, YOU ARE PROVIDING YOUR INFORMED CONSENT TO RECEIVE BIRTH CONTROL TREATMENT THROUGH THIS SERVICE. YOU CERTIFY THAT YOU ARE NOT CONSENTING ON BEHALF OF A MINOR CHILD, AS THIS SERVICE DOES NOT PROVIDE THIS TREATMENT TO INDIVIDUALS UNDER THE AGE OF 18.

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Signature Date

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Print Name

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