

## Depo-Provera Consent Form

\_\_\_\_\_, hereby acknowledge that I was given an opportunity to ask questions about all forms of birth control, meaning all prescription, non-prescription, and natural methods. All of my questions were answered to my satisfaction and I understood all of those answers. I understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency Syndrome (AIDS) disease.

I also acknowledge that the following benefits, risks/side effects, warning signs, alternatives, instructions and decision to discontinue use option, regarding the birth control method Depo-Provera were explained to me before I voluntarily decided to use this method of birth control.

**Benefits:** I have been told that the risk of getting pregnant while using Depo-Provera is less than 1% per year. This means that less than 1 woman out of 100 using Depo-Provera each year gets pregnant. I understand pregnancy protection last 3 months offering greater convenience and privacy.

**Risks/Side Effects:** I understand that women who use Depo-Provera may experience irregular menstrual bleeding, missed periods, occasional headaches, weight gain, stomach pain or cramps, weakness or fatigue and decreased sex drive. I have read the following warning and had the chance to ask any questions.

**Women who use Depo-Provera Contraceptive Injection may lose significant bone mineral density. This bone loss is greater the longer Depo-Provera is used, and the bone density may not completely return to normal once Depo-Provera is stopped.**

**It is unknown if use of Depo-Provera during the teens or early 20's, a critical time for developing bone density, will reduce peak bone mass and increase the risk of thinning bones that could result in bones breaking later in life.**

**Depo-Provera should not be used more than 2 years unless your medical provider determines other birth control methods are inadequate or unacceptable.**

Exercise and eating adequate amounts of calcium foods like milk, cheese, yogurt or ice cream, or taking calcium supplements each day will help to keep my bones strong.

**Warning Signs:** I have been told that I need to call a doctor or the family planning clinic if I have any of the following warning signs:

- Severe pain in the lower abdomen (may indicate an ectopic pregnancy)
- Heavy vaginal bleeding
- Sharp chest pain, coughing of blood, or sudden shortness of breath (may indicate a blood clot in the lung)
- Sudden severe headache or vomiting, dizziness or fainting
- Problems with eyesight or speech, weakness, or numbness in an arm or leg (may indicate a stroke)
- Persistent pain, pus, or bleeding at the injection site
- Severe pain or swelling in the calf (may indicate a blood clot in the leg)

**Alternatives:** I have received written information about other methods of birth control and I choose Depo-Provera.

**Instructions:** I am aware that I should use condoms or another contraceptive method as instructed after I receive my first shot of Depo-Provera, to keep from getting pregnant. I have been told that I need to return for my injection every 10-13 weeks. Failure to return for my injection may result in pregnancy.

**Decision to Discontinue Use:** I understand that I may discontinue use of Depo-Provera at any time. If I do not receive my shot at the end of 13 weeks, I understand that I should use another method of birth control if I do not desire to become pregnant. If I wish to become pregnant, I understand most women stopping Depo-Provera get pregnant within 12 months.

I hereby release the Middlesex-London Health Unit, Family Planning Clinic, and any of its employees or agents, from and against any and all claims, damages or liabilities which I may have against them as a result of my receiving birth control and related medical services, supplies and/or procedures.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date