

## HORMONAL CONSENT

- **ORAL CONTRACEPTIVE (Combined and POP) • ORTHO EVRA • NUVARING**

I have been given information about and have had a chance to ask questions about:

- Birth control pills:  Combined  Ortho Evra patch  NuvaRing  
 Progesterone Only

I know that:

- Birth control pills and Ortho Evra patch do not require a back up method if I start on the first day of my period.
- Progesterone only pills (POP) only have the hormone progesterone. This may make the effectiveness slightly lower than combined birth control pills. I know that I need to take a pill **every day without a break**. There is no hormone-free week like there is with combined pills. My periods might be irregular.
- NuvaRing is left in the vagina for three weeks from the day I insert it, and is then removed and thrown away. A new ring is inserted one week (7 days) after removal of the old one.
- **Ortho Evra (the patch) results in a 60% increase in exposure to estrogen compared to the average birth control pill. It is not known whether this results in a significant increased risk of blood clots.**
- The hormonal methods listed above do not provide me with protection from sexually transmitted diseases. If I need this protection, I have been advised to use condoms PLUS this method.

I have been told that there may be some medical risks when using any of the combined hormonal methods that could include such things as stroke, blood clots, or liver tumors. I have been given a copy of the "Detailed Patient Labeling" which tells how often these problems happen.

I understand that the cardiovascular risks of this method may get worse with age, especially over 35 years of age, and with smoking. I know that the serious health problems that this method can cause are rare. I know to call the clinic or my private doctor, or to go to the emergency room if I have any of these danger signs:

- Severe abdominal pain;
- Chest pain;
- Severe headaches;
- Changes in my vision;
- Severe leg pain.

If I wish to discontinue my method, I have been advised that it is better for me to finish the cycle I am taking before stopping the method. If I do not wish to become pregnant, I must start on another method immediately.

---

**Patient signature**

**Date**

---

**Staff signature**

**Date**

---

### Interpreter's Statement

I have translated the information and advice presented orally to the client who has chosen:

- Combined birth control pills  Progesterone only birth control pills  
 Ortho Evra Patch  NuvaRing

I have also read the consent form to her in a language she understands and explained its contents to her. To the best of my knowledge and belief, she understands this explanation and voluntarily consents to the use of the method marked above.

---

**Interpreter's signature**

**Date**