

**MORRIS COUNTY HEALTH DEPARTMENT  
INFORMED CONSENT: ORAL CONTRACEPTIVE PILLS**

Before you give your consent, be sure you understand both the pros and cons of using the pill.

This form outlines the possible complications that can occur with the pill, and the danger signs you should watch for while you are using the Pill. If you have any questions as you read, we will be happy to discuss them. Also, remember that your consent is entirely voluntary. You can change your mind at any time.

I understand the Pill is not 100% effective and that an unplanned pregnancy can occur.

I understand that protection from pregnancy *may be lowered* when the pill is taken with certain drugs, including:  
antibiotics, antispasmodics, tranquilizers, antidepressants, antiepileptics, and antihistamines.

I understand that *possible* risks include:

- \* increased chance of developing a blood clot which may be fatal
- \* increased chance of heart attack or stroke, especially in women over 35 or women who smoke
- \* high blood pressure
- \* liver problems, including tumors
- \* gallbladder disease and gall stones
- \* depression

Other possible Birth Control Pill side effects include:

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|--|----------------------|
| * delay in resuming menstrual periods after stopping Pills | * headache           |
| * eye problems, difficulty with contact lenses             | * nausea             |
| * more frequent urinary infections                         | * acne flare - up    |
| * skin rash or allergy symptoms                            | * breast tenderness  |
| * darkness of the skin or face                             | * vaginal infections |
| * Spotting between periods, very light or missed periods   | * weight gain        |
| * Nervousness, irritability                                |                      |

I understand my responsibility to lower my risk of serious Pill complications by returning to my Doctor if I develop any of the following danger "**ACHES**" signs:

- A** ABDOMINAL PAIN severe in nature  
**C** CHEST PAIN, shortness of breath coughing  
**H** HEADACHE, severe with or without vomiting, dizziness  
**E** EYE PROBLEMS, blurred vision / flashing lights  
**S** SYMPTOMS of PAIN in leg, calf

I also understand that I should see my doctor if I notice:

- \* yellow jaundice
- \* a breast lump
- \* severe depression
- \* a new mole, or mole that grows or changes
- \* breast discharge or milk

I am aware of the other methods of birth control I could choose to prevent pregnancy:

- \* condom
- \* spermicidal foam/gel
- \* sterilization
- \* Depo Provera injection
- \* Ortho Evra Patch
- \* fertility awareness (natural family planning)
- \* abstinence
- \* diaphragm and jelly
- \* IUD (intrauterine device)

I understand that certain medical conditions may make Pill use unwise, or may increase Pill risks:

- \* heart disease or blood clotting disorders, now or in the past, high blood pressure
- \* impaired liver function and/or gallbladder disease
- \* known or suspected cancer of the breast, uterus, cervix, ovaries or vagina
- \* abnormal bleeding whose cause has not yet been determined
- \* pregnancy (if there is a chance you may be pregnant now, you should not be taking pills)
- \* irregular, infrequent menstrual periods
- \* migraine headaches
- \* elective surgery planned in the next four weeks
- \* long leg casts or major injury to lower leg
- \* breastfeeding now
- \* diabetes, pre-diabetes or a family history of diabetes
- \* depression
- \* epilepsy

I understand that if I become pregnant while taking the Pill, I should discuss with my doctor the possibility of the risk to the fetus.

I have been told that after stopping the Pills I should wait until I have several regular periods before I try to become pregnant, and I should use another method of birth control until I have had 3 regular periods.

I understand that the benefit of choosing the Pill is a highly effective birth control protection, and I wish to prevent pregnancy at this time.

I also understand that in addition to its benefit as a method of birth control some women experience the following benefits from using the Pill:

- \* decreased cramping and flow with menstrual periods
- \* low risk for P.I.D. (infection in the pelvis, uterus, or tubes }
- \* decreased risk of breast cysts or lumps, ovarian cysts or anemia
- \* predictable, regular menstrual cycles
- \* low risk for uterine cancer
- \* improved acne

I also understand that while serious complications are possible they are very rare and the risk of death for almost all women using the Pill is less than the death risk for pregnancy.

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Signature of Patient

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Date