

REQUEST FOR HORMONAL CONTRACEPTIVES
FOR WOMEN WITH SPECIAL CONDITIONS/RISK FACTORS

Name of Client: _____

Client Chart Number _____

Agency Clinic _____

Before you give your consent, be sure you understand the information we have given you. If you have any questions as you read, we will be happy to discuss them with you. You can change your mind at any time about using this method. Remember that your consent is entirely voluntary. You may ask for a copy of this form.

There are special risk factors that increase the chance of developing a serious problem while using Combined Hormonal Contraceptives. The more risk factors you have the greater your risk. The following risk factors have been identified:

_____ Tobacco use with Age \geq 35 years
_____ Reported Hyperlipidemia
_____ Diabetes
_____ Chronic Hypertension
_____ Other _____

I have been counseled, read the client education materials and the informed consent and the above statement. I understand the risk factors. After thorough discussion with the clinician regarding my risk factors and alternative non-hormonal methods of contraception we have agreed that combined hormonal contraceptives will be prescribed for me.

Interpreter Name _____

Patient Signature _____ Date _____

Witness _____ Date _____
