



INLAND EMPIRE HEALTH PLAN

CONTRACEPTIVE INFORMED CHOICE

I have read or have had explained to me the information related to the contraceptive method I have chosen. I am aware that there are many methods of birth control I could choose from and that their effectiveness rates are:

Birth Control Pill	95-97%
Cervical Cap and Cream or Jelly	82-94%
Diaphragm and Cream or Jelly	82-94%
Depo-Provera Injection	99%
Female Condom	79-95%
Fertility Awareness	80-98%
IUD (Intrauterine Device)	99%
Male Condom	88-98%
Natural Family Planning	80-98%
Implanon Implants	99%
Spermicides (Foam, Suppositories, Vaginal Film)	79-94%
Sterilization for Men or Women	99%
Nuvaring (Vaginal Ring)	99%
Ortho Evra (Birth Control Transdermal Patch)	98%

I have had the chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the method I have chosen. I agree it is my responsibility to return to the clinic as advised. I have been told about the method dangers signs and know when, where and how to get medical care.

Based on my understanding of the above, I have decided to use _____.

Contact local Family Care Center between 8:00 AM and 5:00 PM, and local hospital emergency room for holidays and after hours (see reverse for locations).

Signed _____

Date _____

Witness _____

Date _____

Clinic _____

Phone _____

Patient Name: _____ DOB: _____ Member #: _____



Provider Name: _____