Attachment 10 - Contraceptive Informed Choice Form - English



# 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:

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|  Birth Control Pill  | 95-97%  |
|  Cervical Cap and Cream or Jelly  | 82-94%  |
|  Diaphragm and Cream or Jelly  | 82-94%  |
|  Contraceptive Injection  | 99%  |
|  Female Condom  | 79-95%  |
|  Fertility Awareness  | 80-98%  |
|  IUD (Intrauterine Device)  | 99%  |
|  Male Condom  | 88-98%  |
|  Natural Family Planning  | 80-98%  |
|  Subdermal Contraceptive Implant  | 99%  |
|  Spermicides (Foam, Suppositories, Vaginal Film)  | 79-94%  |
|  Male or Female Sterilization | 99%  |
|  Vaginal Contraceptive Ring  | 99%  |
|  Transdermal Contraceptive 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 .

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|        |

 **Signed**

 **Date**

 **Witness**

 **Date**

 **Clinic**

 **Phone**