



FAMILY MEDICINE

900 NE 10<sup>th</sup> Street, Oklahoma City, OK 73104  
(405) 271-4311

Patient: \_\_\_\_\_

MR #: \_\_\_\_\_ Date: \_\_\_\_\_

or IDX label

## CONSENT FOR THE USE OF DEPO-PROVERA FOR BIRTH CONTROL

\_\_\_\_\_ has explained to me both the benefits and risks of using Depo-Provera as a method of birth control. I understand the following points about Depo-Provera:

- 1) Depo-Provera is given as a shot, IM every three months.
- 2) Depo-Provera works primarily by stopping the ovary from releasing an egg. Although no birth control method is perfect, Depo-Provera is more than 99% effective as long as a shot is given every three months.
- 3) Depo-Provera will cause your periods to change. They may become longer, shorter, more or less frequent, or absent altogether. This is normal and is not harmful for the body.
- 4) Women who use Depo-Provera often take longer to get pregnant after they stop using the medicine than they might with some other methods. This delay could last from several months to a year or longer.
- 5) Depo-Provera may have other side effects in some women, including weight gain, breast tenderness, headaches, or mood changes. Most women do not have these problems, but you should talk to your clinician about any concerns you have about the way Depo-Provera may affect your body.
- 6) You should usually get the first Depo-Provera shot when you are in the first five days of your menstrual bleeding. That way, you and your clinician can be reasonably sure you are not pregnant, and it may be easier to keep track of future bleeding. It is important to continue Depo-Provera on a prescribed schedule.
- 7) You may quit Depo-Provera at any time by simply not getting the next shot.
- 8) Depo-Provera will not protect you from getting a sexually transmitted disease, infection, or HIV/AIDS virus. It is always recommended to use condoms when engaging in sexual activity.
- 9) Subsequent shots must be given within 7 days of the scheduled injection by a physician. Any lapses may require re-evaluation.

Before getting Depo-Provera, I have had a chance to have all my questions answered, and I understand the information on this form. I am voluntarily giving my approval to use Depo-Provera as my main method of birth control. **This form was read to me before I signed it.**

Patient \_\_\_\_\_

Date \_\_\_\_\_

Clinician \_\_\_\_\_

Date \_\_\_\_\_