CONSENT FOR EMERGENCY CONTRACEPTIVE PILLS

I, (print or type name) ________________________________________________, request emergency contraceptive pills (ECPs) to minimize a possible pregnancy risk. I understand it is not a main method of birth control.

I have received package instructions that have information about the benefits and risks of the ECPs that I have been given.

I understand that taking ECPs does not prevent pregnancy 100% of the time. Some pregnancies do occur. In spite of this, I wish to try to prevent pregnancy at this time.

I understand that the risk of development of birth defects in the fetus is unknown and that if treatment fails, I must accept this risk should I decide to continue with this pregnancy. No known increased fetal risk of congenital anomalies has been detected so far.

I understand that possible side effects of ECPs may include:

- Nausea and vomiting
- Breast tenderness
- Headaches and dizziness
- Tiredness
- Irregular vaginal bleeding
- Abdominal pain
- Menstrual cycle disturbances
- Diarrhea

I understand that if I see a health care provider for any reason before I get my period, I should tell him/her that I have taken ECPs.

I understand that I should expect my period within 1-3 weeks and I agree to have a pregnancy test if it has not occurred within that time. I will inform a health care provider of any severe lower abdominal pain. It may be a sign of a more serious condition such as ectopic pregnancy (pregnancy outside the uterus).

I understand that ECPs will not protect me against pregnancy from unprotected sexual intercourse after I have taken ECPs.

I have had a chance to ask questions and have had my questions answered.

Date: ______  Client Signature: ____________________________________________
If translation of CONSENT FOR EMERGENCY CONTRACEPTIVE PILLS was required:

- A translator was offered to the client.  □ yes  □ no
- The client chose to use her own translator.  □ yes  □ no
- This form has been orally translated to the client in the client’s spoken language.
- Language translated: ______________________________
- Translation provided by: ______________________________
  (print or type name of translator)
- Translator employed by, or relationship to client: ______________________________
- Date: ______ Translator Signature: ______________________________

The client has read this form or had it read to her by a translator or other person.
- The client states that she understands this information.
- The client has indicated that she has no further questions.

Date: ______ Staff Signature: ______________________________