

**TITLE X FAMILY PLANNING  
CONSENT FOR CONTRACEPTIVE SERVICES**

**DATE:** \_\_\_\_\_

**PATIENT NO.** \_\_\_\_\_

**NAME OF PATIENT:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**TELEPHONE NO.** \_\_\_\_\_

**Make sure you understand all of the following before you sign this consent.**

You may ask for an interpreter.

It is your choice to receive these services.

All services are confidential.

Minors should tell their family when receiving family planning services.

You can say no if you don't want to have sex.

You will receive information about different types of birth control.

There are benefits and risks when using birth control.

Some birth control methods work better than others.

No type of birth control is 100% effective.

Birth control does not prevent STDs or HIV.

You can always ask questions.

Signature of Patient: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Interpreter: \_\_\_\_\_

Date: \_\_\_\_\_

Check if patient received both verbal and/or written information on their method of choice.