



## CONSENT FOR BIRTH CONTROL PILLS WITHOUT AN EXAM

I understand that I can choose to start birth control pills without having an exam at this time. If I agree, my health history and blood pressure will be checked today. I have talked with a Family Planning Counselor or healthcare provider and I understand the risk of not having an exam at this time. I know that I will need to come back to the clinic within 3 months for a complete exam and lab tests.

The Family Planning Counselor or healthcare provider showed me how to use birth control pills. I read and signed the Birth Control Pill Consent Form.

I know that I can return to the clinic for other services if I decide not to continue taking birth control pills.

I understand that no more birth control pills will be given to me unless I return for another visit in 3 months for a complete exam and lab tests.

I ask the Family Planning health center to give me birth control pills without an exam.

If I am under 18 years of age, I have been encouraged to involve a parent, guardian, or other family member in my healthcare and healthcare decisions. I have also received counseling on how to resist attempts of sexual coercion.

**If you have any questions about receiving birth control pills without an exam, ask your healthcare provider.**

**I have read and understand the information above.**

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**The client has been counseled, provided with the appropriate informational material, and understands the content of both.**

Counselor/Provider signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print counselor/provider name: \_\_\_\_\_

Name of patient: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Chart #: \_\_\_\_\_

Interpreter: \_\_\_\_\_