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**