Whole Woman's Health
Contraceptive History & Screening

Name: _____ Age: _____ Date: _____

	Method(s) you were/are using now	Method(s) you used in the past	Method(s) that have caused you trouble	Method(s) you would like to use
Oral Contraceptive Pills	☐	☐	☐	☐
Condoms	☐	☐	☐	☐
Depo-Provera	☐	☐	☐	☐
Nuva Ring	☐	☐	☐	☐
IUD	☐	☐	☐	☐
Ortho Evra Patch	☐	☐	☐	☐
Implants	☐	☐	☐	☐
Diaphragm	☐	☐	☐	☐
Foam	☐	☐	☐	☐
Rhythm	☐	☐	☐	☐
Withdrawal	☐	☐	☐	☐
Other	☐	☐	☐	☐

Please circle whether or not you have ever had any of the following:

Clots in legs, lungs or elsewhere	NO YES
A stroke, heart attack or chest pain	NO YES
Known or suspected cancer of the breast or sex organs	NO YES
Severe liver disease, mononucleosis or hepatitis	NO YES
Breast nodules, fibrocystic disease of the breast or abnormal mammogram	NO YES
Gallbladder disease	NO YES
Diabetes	NO YES
Fibroid tumors of the uterus	NO YES
Asthma	NO YES
Thyroid abnormalities	NO YES
Depression or mood swings	NO YES
High blood pressure	NO YES
Migraine headaches	NO YES
Heart or Kidney disease	NO YES
Epilepsy/Seizures	NO YES
Sickle cell disease or trait	NO YES
Do you now have any unusual bleeding that has not been diagnosed?	NO YES
Are you currently breast feeding?	NO YES

Do you smoke? NO YES Packs per day _____ # of years_____

Do you take any medications on a regular basis? _____

Is there anything else we need to know at this time? _____

_____

Physician use only:

Approved to receive the following for 20 months:

☐ Combined hormone contraception ☐ Progestin only ☐ No hormones ☐ F/U with primary

Physician Signature:_____ Date:_____

Revised April 2012 EL
Reviewed Feb. 2012-AF

Whole Woman's Health

Consent for Contraception

Hormonal Methods

I request that Whole Woman's Health administer or prescribe the following method to me (initial):

	Info sheet given (staff initials):
_____ Combined oral contraceptives/birth control pills	_____
_____ Progestin only oral contraceptives/birth control pills	_____
_____ Ortho Evra patch	_____
_____ Nuva Ring	_____
_____ Depo provera/DMPA injection	_____
_____ Mirena IUD	_____
_____ Implanon	_____

Non-hormonal methods

	_____*Info sheet given (staff initials):*
_____ Paraguard IUD	_____ Diaphragm
	_____ Tubal Ligation
	_____ Vasectomy
	_____ Condoms and spermicides/foam

Birth Control Prescribed: _____

I have received written information on the method I've chosen: how it works, how to use it, side effects, contraindications, and effectiveness. I have had the opportunity to ask questions and discuss the method.

Signature: _____ Date: _____

Staff Witness: _____ Date: _____

Revised April 2012 EL
Reviewed Feb. 2012-AF