

CONSENT FOR CERVICAL CAPS

I am choosing to use the cervical cap. The advantages and disadvantages of other methods of birth control have been explained to me.

I understand that the cervical cap prevents sperm from entering the uterus. I also understand that I must use spermicide with the cervical cap to kill any sperm that get around the cap.

I know that the cervical cap is not 100% effective. I realize that I could get pregnant even if I use the cap correctly all the time. If I do not use the cap correctly every time I have intercourse, then my chances of getting pregnant will increase.

DANGER SIGNALS:

I have been told to seek medical attention immediately if I have any of these symptoms of Toxic Shock Syndrome:

- Fever (temperature of 101° or greater)
- Diarrhea
- Vomiting
- Muscle aches
- Rash (like sunburn)

RISKS:

I may be taking risks by using the cervical cap. The risks may include, but are not limited to, the following:

Major risks:

There is a risk of Toxic Shock Syndrome, which could cause death, if I use the cap during my menstrual period.

Minor risks:

- Difficulty inserting the cervical cap
- Difficulty removing the cervical cap
- Urinary tract infections
- Irritation of either partner caused by the spermicide
- Allergic reactions to rubber or spermicide
- Vaginal odor, especially if the cap is left in too long
- The cap might move out of place during intercourse resulting in pregnancy.

BENEFITS:

I have been told that there are some benefits from using the cervical cap. These include, but are not limited to, the following:

Fewer and less dangerous side effects than some other types of birth control

CONSENT FOR CERVICAL CAPS (cont.)

The cap can be left in place for up to two days.
The cap uses less spermicide than some other types of birth control.

WRITTEN INSTRUCTIONS:

I have been give written instructions for using the cervical cap. I understand these instructions completely.

QUESTIONS:

I have had the opportunity to ask questions about the cap, and these have been answered to my satisfaction. I know I can contact the clinic if I have problems or questions about the cap.

I have read this form and/or had it read to me. I completely understand the information in this consent form. No one is forcing me to sign this consent form; I am signing this of my own free will. I have been given a copy of this consent form.

Signature of the Client

Date

WITNESS' STATEMENT:

I was present when this form was orally explained, in detail, to this client. To the best of my knowledge and belief, this client understands the information contained in this form. If the client is a minor, I have assessed the client's conduct and sexual relationships and I believe the client to be a mature minor.

Signature of the Witness

Date

FOR CLIENTS WHOSE PRIMARY LANGUAGE IS NOT ENGLISH (if applicable)

The information contained in this form was explained to me in _____
(language). I completely understand what this form says.

Signature of the Client

Date

WITNESS' STATEMENT:

I was present when this form was orally explained, in detail, to this client. To the best of my knowledge and belief, this client understands the information contained in this form.

Signature of the Witness

Date