

CONSENT FOR DIAPHRAGMS

I, _____, am choosing to use a diaphragm for birth control. The advantages and disadvantages of other birth control methods have been explained to me.

I know that diaphragms are not guaranteed to be 100% effective. I realize that I could get pregnant even if I use the diaphragm correctly all of the time. If I do not use it correctly every time I have intercourse then my chances of getting pregnant will increase.

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

I have been told that I may return to the clinic in two weeks for a check of diaphragm placement and technique.

DANGER SIGNS:

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

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

RISKS:

I may be taking risks by using the diaphragm. 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 a diaphragm during my menstrual period.

Minor Risks:

- Recurrent urinary tract infection
- Allergic reaction to rubber or spermicide
- Irritation of the woman or man caused by the spermicide
- Vaginal discharge or odor from wearing the diaphragm too long
- Pelvic discomfort, cramps, or pressure on the bladder or rectum
- The diaphragm might move out of place during intercourse resulting in pregnancy.

BENEFITS:

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

- Fewer or less dangerous side effects than some other types of birth control
- May help to protect against some sexually transmitted infections

CONSENT FOR DIAPHRAGMS (cont.)

WRITTEN INSTRUCTIONS:

I have been given written instructions for using the diaphragm. I understand these instructions completely.

QUESTIONS:

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

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