DEPO PROVERA CONTRAINDICATIONS AND CONSENT TO RECEIVE DRUG

Depo-Provera is over 99% effective, making it one of the most reliable methods of birth control available. However, the effectiveness of most contraceptive methods depends in part on how reliably each woman uses the method. The effectiveness of Depo-Provera depends only on the patient returning every 12 weeks for her next injection.

Certain women should not use Depo-Provera. You should **not** use Depo-Provera if you have any of these conditions:

- a. You think you might be pregnant
- b. If you have any vaginal bleeding with an unknown reason
- c. If you have had cancer of the breast
- d. If you have had a stroke
- e. If you have had blood clots in your legs
- f. If you have problems with your liver or liver disease
- g. If you are allergic to Depo-Provera (medroxyprogesterone acetate) or any of its other ingredients

Return to fertility:
It is expected that 68% of women who do become pregnant may conceive within 12 months of discontinuing Depo-Provera. 83% may conceive within 15 months, and 98% conceive within 18 months from the last injection.

**Adverse Reactions:**
The following adverse reactions have been reported by approximately 5% of subjects:

- a. Menstrual irregularities
- b. Headache
- c. Nervousness
- d. Abdominal pain
- e. Dizziness
- f. Weakness or fatigue

**Warning Signals**
If any of these problems occur following an injection of Depo-Provera, seek care with your health care provider or at an emergency room immediately:

- a. Sharp chest pain &/or shortness of breath
- b. Sudden severe headache, vomiting, dizziness, fainting, problems with your eyesight or speech, weakness in an arm or leg
- c. Severe pain or swelling in the calf of your leg
- d. Unusual heavy vaginal bleeding
- e. Sever pain or tenderness in the lower abdominal area

**Drug Interactions:**
May interfere with effects of aminogluthethimide (Cytadren).

**CONSENT**
I have read over and had explanation of the above information and have been give the opportunity to ask questions. I fully understand its contents in relation to my choice of receiving Depo-Provera contraceptive injection, and voluntarily consent to this method of contraception.

Date:_______________  Client Signature_________________________________________________

Witness:______________________________________  (See other Side)
Prolonged use of DepoProvera may be a risk factor for osteoporosis (bone loss). You may wish to consider this when choosing DepoProvera as your contraceptive. Increased intake of Vitamin D and Calcium can help avoid bone loss.

I certify I have read and understand this notice.

_________________________________________                        Date_______________