

Quick Start contraception consent



Patient name: _____ DOB: ___/___/___

Clinician assessment

Quick Start method to be used:

Pregnancy has been excluded (reason):

Pregnancy has not been excluded (reason):

Client's consent to Quick Start contraception

I understand that:

Quick Start contraception is starting contraception outside the time that is traditionally recommended, as explained to me by my doctor.

I could be pregnant, even if my pregnancy test today is negative, if:

I had sex since my last period without using contraception

I had sex since my last period and the contraception that I used did not work.

this method of contraception takes 7 days to work.

if I have sex in the next 7 days, I could get pregnant if:

I do not use a condom

I use a condom and it does not work.

any bleeding that I have after starting this method of contraception is not the same as a period and does not mean that I am not pregnant.

I must have a pregnancy test after (4 weeks from today): ___/___/___

Patient's signature: _____ Date: ___/___/___

Doctor's signature: _____ Date: ___/___/___