KALEIDA HEALTH

☐ 1001 Humboldt Parkway, Buffalo NY 14208
☐ 300 Niagara Street, Buffalo NY 14201
☐ Other: _____

Date _____ Chart Number _____

Name _____

DOB _____ Age _____

Account Number _____

Patient ID Area

FAMILY PLANNING CONSENT

PATIENT INITIALS

_____ Kaleida Health, Family Planning Center has given me a Birth Control Facts information sheet. This sheet lists the methods of birth control. I _____ have read this sheet. It was explained to me and my questions were answered. It tells me how to use the methods and how well they will work. It also explains to me the risks that I may take by using them

_____ I understand that birth control may not work all the time. I understand that sometimes problems can happen when I use certain methods of birth control. I have been told to report anything that I do not think is normal for me to the Family Planning Center.

_____ I know that if tests are taken for sexually transmitted diseases (STD's), and that if any of these tests show that I have gonorrhea, chlamydia or syphilis, this information must be reported to the Erie County Health Department by the Family Planning Center. Tests for gonorrhea, chlamydia and syphilis are done routinely through the clinic and I consent to such tests.

_____ I understand if any laboratory tests performed on me show an abnormality that could seriously affect my health, I may be contacted by certified mail at my address, if I do not respond to my alternate contact method as discussed today.

_____ I give my permission for a medical person authorized by the Family Planning Center to examine and treat me. I request that a suitable method of birth control, that I have chosen, be prescribed, fitted, injected or inserted for me. I have been verbally informed of the above information, my questions have been answered and I understand this information.

Signature: _____ Witness: _____
Parent/Guardian: _____ Date: _____

Signature: _____ Witness: _____
Parent/Guardian: _____ Date: _____

Signature: _____ Witness: _____
Parent/Guardian: _____ Date: _____