City of Memphis
Sexual Assault Resource Center

CONSENT TO ADMINISTER EMERGENCY CONTRACEPTION

Patient: _____ _____ Guardian: _____ MSARC No: _____

The hormone medication that is administered by the Memphis Sexual Assault Resource Center (MSARC) is considered an emergency treatment to prevent pregnancy. IT DOES NOT CAUSE AN ABORTION. The drug is approved by the Federal Drug Administration for this purpose. Its usefulness and safety for pregnancy prevention have been confirmed in studies.

There are side effects and risks that may include:

1. The most common side effects are headaches, nausea and breast tenderness.
2. Another side effect is altered menstruation e.g. heavy or irregular periods.
3. Pregnancy can occur in some instances even if you take the drug correctly. If you are already pregnant, our test may not be able to detect the pregnancy.
   In either case, the hormone does not cause birth defects to the baby.
4. Rarely, the hormone can cause blood clots, a stroke, or a heart attack - particularly if you are over 40 and smoke.

If you take all the medicine, your period should begin within two weeks after you complete the medication. If your period does not begin within two weeks after you finish the medicine, we recommend a pregnancy test. Call MSARC at 272-2020 to schedule an appointment for a FREE test.

I have been screened for my personal risk and informed of the benefits and risks, side effects and limits of this drug. I understand that it has been shown to be effective in pregnancy prevention. I have had the opportunity to read this paper and have any questions concerning the administration of this drug answered.

I do not hold the City of Memphis, the Memphis Sexual Assault Resource Center and or the attending Sexual Assault Nurse - Forensic Examiner responsible for any side effects that might result from my use of the medication, for any pregnancy that might be pre-existing but undetectable, or for any pregnancy that might result from incorrect use of the medicine.

I hereby consent to treatment and want to take the medication for the intention of preventing pregnancy that may result from the sexual assault. I authorize the Memphis Sexual Assault Resource Center and the attending Sexual Assault Nurse-Forensic Examiner to give me the hormone for the emergency prevention of pregnancy.

_____ _____ _____
Signature of Client/Parent/Guardian Date Of Hx: SANE

I understand that **the Nurse Clinician has chosen not to recommend** the pregnancy prevention medication because:

Menses Present: _____ Sterilization Surgery: _____

Positive HCG: _____ On oral contraceptives: _____

Outside Medication Protocol: _____ Other: _____

_____ _____ _____
Signature of Client/Parent/Guardian Date Of Hx: SANE

I choose <u>NOT</u> to receive the medication for the emergency prevention of pregnancy although it has been recommended by the Sexual Assault Nurse Evaluator/Clinician.

_____ _____ _____
Signature of Client/Parent/Guardian Date Of Hx: SANE

Source: City of Memphis (TN) Sexual Assault Resource Center.