

# Talk With Your Healthcare Provider About Birth Control

Because birth control methods come in many forms, you may find it hard to decide what to use. Your healthcare provider can talk with you about birth control options and help you choose a method that is right for you at this time.

To get ready for this conversation—and think of questions ahead of time—fill out this form and bring it when you see your provider. Take a few moments to write down:

The date your last menstrual period began

Month \_\_\_ \_\_\_    Date \_\_\_ \_\_\_    Year \_\_\_ \_\_\_ \_\_\_ \_\_\_

Any prescription medications you are taking \_\_\_\_\_

Any over-the-counter medications, vitamins, and supplements you are taking \_\_\_\_\_

**Be prepared to talk honestly with your provider about the following questions. Your answers will help identify a form of birth control that best fits your health and lifestyle.**

- ✓ Do you smoke?     Yes     No
- ✓ Have you ever been pregnant?     Yes     No
- ✓ Have you ever given birth?     Yes     No
- ✓ Do you have any known medical problems or special conditions?     Yes     No
- ✓ Are you currently having sex with a male partner?     Yes     No

✔ Are you currently having sex with more than one male partner?  Yes  No

✔ Do you usually plan when you will have sex, or do you tend to have sex without planning?  Yes, I plan  No, I don't plan

✔ Have you ever had unprotected sex?  Yes  No

("Unprotected sex" means having sex without the use of a male or female condom.)

✔ Do you have plans to become pregnant? If yes, when?

Yes  No \_\_\_\_\_  
If yes, when?

✔ How would you feel if you found out you were pregnant right now?

---

---

✔ How do you feel about your period? Are you okay with your period as is? Do you wish it were shorter? Less painful? Not as frequent?

---

---

✔ What type (or types) of birth control are you interested in? What are some important considerations for you when choosing?

---

---

---

✔ Have you used birth control in the past? If yes, what type? Did you have any problems?

No  Yes \_\_\_\_\_

---

---

**My questions or concerns about birth control are:**

---

---



**Don't forget to bring this form with you when you visit your provider!**