

# BIRTH CONTROL SHOT

The Contraceptive CHOICE Project - Clinician Call Back Form - Version 1.3

1. Date Call Received: 08/31/11  
(MM/DD/YY)

2. Time: 10:57 (24h)

Currently Enrolled Study

3. Participant?

Yes

No

5. First Name: [REDACTED]

6. LastName: [REDACTED]

7. DOB: [REDACTED]

4.  Up-to-date on all surveys

8. Phone Number: [REDACTED]

-M survey scheduled

9. Contact Instructions: [REDACTED]

Needs to complete -M

Inside window

Outside window

10. Reason for Callback?

Pt c/o wt gain with depo. She would like to switch to pills. Last depo injection was 6/16/2011.

[REDACTED] |

Staff Initials | Date

11. Date Called Back: 09/02/11  
(MM/DD/YY)

12. Time: 1403 (24h)

Notes: Detail outcome of call and any action taken.

*MP on Depo*  
28yo G3P1 (S/P Depo - last inj 6/16/11) c/o ↑ wt. gain  
& hair loss. Saw MD last week. wt. 135#. c/o hair  
loss ~ 2 mos. Requesting Yasmin. D/o migraines &  
aura or seizure disorder. Declines other methods.  
A/p. contra. initiation - Yasmin CDC's - called to  
Schnucks # 227. Pt. may begin today.  
Reviewed warning signs. Pt. verb. understanding.  
Reviewed need to take same time daily to  
maximize effectiveness.

*A/E 6/13/11*

Initials: SMS

Date: 09/02/11