

ESSURE Patient Intake Form

Please print this form and bring on your visit



1. What is your current form of birth control?

- Oral Contraceptives (“The Pill”)
- Barrier Method (e.g., condom, diaphragm, cervical cap, spermicidal etc.)
- IUD/IUS (Intrauterine Devices or Intrauterine System)
- Vasectomy (Male sterilization)
- Rhythm, withdrawal, calendar method
- Other _____

2. How satisfied are you with your current form of birth control?

- Very satisfied
- Somewhat satisfied
- Not too satisfied
- Not at all satisfied

5. Do you wish to have children (or have more children) in the future?

- Yes
- Possibly
- Not sure
- No

4. If you don't wish to have any more children are you ready for permanent birth control that has

- No Downtime
- No Incisions
- No Hormones
- No surgery
- No worries



~ understanding women ~

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