

Sample MTN-003 Contraception Flow Sheet

PTID: _____

Page: _____

Visit Date			
Current contraceptive method			
Date of initiation of current method			
Date of current prescription (or NA)			
Contraceptive issues/questions/ concerns discussed at this visit			
Issues to be discussed at next visit			
Scheduled date of next contraceptive prescription (or NA)			
Scheduled date of next contraceptive injection (or NA)			