

Implant Insertion Consent Form

- I confirm I have abstained (not had) sex since the start of my last period or that I am using an alternative reliable form of contraception (condoms alone is not enough).
- I confirm that I have watched the video and read the information on contraceptionchoices.org
- I understand that the implant may have an effect on my bleeding pattern. 20% patients have no bleeding with this method. In 50% women, the periods may be infrequent, frequent or prolonged.
- I understand a tiny scar may form at the site of insertion. There is a risk of bruising, which is temporary, and a small possibility of infection at the site of insertion.
- I understand that some of the less common side effects of the implant are an increase in spots, acne, bloating, headache and mood changes
- I am aware that certain drugs may make the contraceptive implant less effective. These drugs are commonly used for treatment of seizures (epilepsy) and tuberculosis (TB). If I am under treatment with these or any other drugs, I will tell my clinician.
- I understand that in rare cases there is a chance that my implant can migrate making removal more difficult.

Statement of Patient

I agree to the procedure described above

I understand that the procedure will involve local anaesthesia if needed

Signed-

Date-

Name (PRINT)-