Counselling for Implanon Use

Patient’s name: ___________________________  Pregnancy Test  ☐ Positive  ☐ Negative

☐ No known allergies. If Yes __________________________________________________________

☐ The advantages and possible side effects of Implanon  ☐ When Implanon should be removed

☐ Contraindications / warnings / precautions  ☐ The option to discontinue Implanon at any time

☐ Probable changes in bleeding pattern  ☐ The rapid return of pre-existing fertility after removal of Implanon (commensurate with age)

☐ Possibility of longer bleeds

☐ The correct time to insert

☐ Insertion and removal techniques include minor surgical incision

  ☐ Probable small scar

  ☐ Implanon palpated in situ by HCP and patient

☐ Possible complications of insertion or removal (e.g. bruising, infection)

☐ Complications if Implanon is inserted incorrectly.

☐ The provision of supportive information about Implanon

Date of insertion: ___________________________

Due date for removal: ______________________

Batch number: ____________________________

Patient Consent

Signature: ________________________________

Doctor: _________________________________