

Nexplanon Fitting Checklist – For Contraceptive Implant

It is important that you have read and understood all the information and are suitable for the procedure on the day you come in to the surgery.

Please bring this form with you when you attend the clinic.

Please tick the boxes to confirm you have understood and agree to the following:

- ☐ I have watched the video on Nexplanon *or* read the leaflets *or* I already have an Implant and am familiar with the method.
- ☐ I am using an effective method of contraception and haven't had any problems (e.g. burst condom, missed pills, Implant overdue for change). I have not had unprotected sex since my last period.
- ☐ I understand it is not safe to fit an Implant if I might be pregnant..
- ☐ I understand that Nexplanon is more than 99% effective (less than 1 in 100 chance of pregnancy)
- ☐ I understand that there will be some change to my normal bleeding pattern, and that this includes, irregular bleeding or spotting, prolonged bleeding or no bleeding.
- ☐ I understand there is a possibility of an allergic reaction to the local anaesthetic injection.
- ☐ I understand that there may be bruising, discomfort, scarring or infection after insertion or removal of an Implant.
- ☐ I understand there is a small possibility of the Implant moving from its original position which could make removal more difficult.
- ☐ I have been provided with an opportunity for discussion and to ask any questions.

Name (please print):

Date of Birth:

Signed: **Date:**

AJ 17.8.23

Review : 17.8.25