**Preparing for the insertion of a contraceptive implant**

We want to make your clinic visit as straightforward as possible and fit the implant at a single appointment. Therefore it is important that you have read all the information and are suitable for the procedure on the day you come. You can also discuss other methods with us and ask any questions. **Please bring this form with you when you attend the clinic.**

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

* I have read the Implant leaflet [can be accessed online [www.sexwise.org.uk](http://www.sexwise.org.uk) *or* seen the relevant information on the Unity Sexual health website [www.unitysexualhealth.co.uk](http://www.unitysexualhealth.co.uk) *or* I already have an implant and am familiar with the method.
* I will make sure that I have had breakfast/lunch on the day of the appointment.
* I understand the implant is an effective contraceptive for up to 3 years.
* I understand that no method is 100% effective and that the implant has a very small risk of failure (less than 1 in 100 chance of pregnancy).
* I understand that it is not suitable if I use certain drugs (enzyme-inducing drugs, e.g. St. Johns Wort) and should inform anyone prescribing me a new medication or herbal remedies that I am using the implant for contraception.
* I understand that there are risks with implant procedures including
	+ Risk of allergy,
	+ Bleeding, bruising or infection where the implant has been fitted,
	+ The implant may be put in too deep causing possible nerve damage, may be inserted into a blood vessel or may result in a difficult removal.
* I understand I should feel the implant under the skin immediately after it has been put in and if I am not able to feel the implant in the future, I should seek medical attention.
* I understand that the bandage around my arm should be left in place for 24 hours to help reduce bruising and a plaster at the site where the implant has been put in may be used and should be kept in place for 4-5 days.
* I understand I may get temporary side effects when I first start using the implant such as headaches, breast tenderness and mood changes but that these should reduce after a few months.
* I understand the implant may cause irregular and unpredictable bleeding and the bleeding pattern may change over time.
* I understand that the implant will not protect against sexually transmitted infections and condoms in addition are recommended for this if for example I have a new partner.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_