## **Counselling for Implanon Use**

Patient's name:	Pregnancy Test ☐ Positive ☐ Negative
□ No known allergies. If Yes	
<ul> <li>□ The advantages and possible side effects of Implanon</li> <li>□ Contraindications / warnings / precautions</li> <li>□ Probable changes in bleeding pattern</li> <li>□ Possibility of longer bleeds</li> </ul>	<ul> <li>□ When Implanon should be removed</li> <li>□ The option to discontinue Implanon at any time</li> <li>□ The rapid return of pre-existing fertility after removal of Implanon (commensurate with age)</li> </ul>
☐ The correct time to insert ☐ Insertion and removal techniques include minor surgical incision ☐ Probable small scar ☐ Implanon palpated in situ by HCP and patient	☐ The provision of supportive information about Implanon
<ul> <li>□ Possible complications of insertion or removal (e.g. bruising, infection)</li> <li>□ Complications if Implanon is inserted incorrectly.</li> </ul>	Date of insertion:  Due date for removal:  Batch number:
Patient Consent  Signature:	