Consent form for Contraceptive Implant insertion

Sexual Health Quarters

Client name: _____
File number: _____
DOB: _____

Overview of treatment

A contraceptive implant provides extremely effective and long-term reversible contraception. The Implanon NXT® is a small, flexible plastic rod placed under the skin which slowly releases a progestogen hormone for up to three years. The effect can be stopped at any stage by removing the device.

Implant insertion procedure

Any procedure is associated with a small amount of risk. Your health professional has explained these risks to you. This form is designed to ensure you understand the procedure, including the risks and benefits, and that you have the opportunity to discuss these with your clinician.

Pre-insertion section

Benefits and risks

Client to tick boxes

My health professional has explained the following benefits, risks and side effects of using IMPLANON NXT®:

- **Bruising** and pain may occur at the insertion site and last for up to one week after insertion. ☐
- **Bleeding** from the uterus following an implant insertion may be irregular, heavier, lighter, or absent whilst the device is in situ. ☐
- **Hormonal side effects** such as headaches, weight gain and breast tenderness may occur and vary between individuals. ☐
- **Implant migration** may occur over time and if the device has moved from its original location it could make removal difficult. ☐
- **Scarring** may occur following the insertion of the implant. I am aware that some people are predisposed to develop a thickened scar. ☐
- **The IMPLANON NXT® does not protect against sexually transmissible infections.** ☐

Effectiveness of contraception

I am aware that no contraceptive method is 100% effective at preventing pregnancy, so I could have a small chance of becoming pregnant. I understand that the IMPLANON NXT® is 99.95% effective. I am aware of the effectiveness of an IMPLANON NXT® compared with other contraceptive methods. ☐

Client name: _____
File number: _____
DOB: _____

Interactions

I have advised my clinician of my medical history and any medication I am taking. ☐

I understand the need to advise any other health professionals I may see that I have an IMPLANON NXT® implant, due to potential medication interactions. ☐

Insertion procedure

I understand that to reduce discomfort, my clinician will use a local anaesthetic when inserting the IMPLANON NXT® implant. ☐

Timing of removal

I understand the IMPLANON NXT® must be removed after 3 years of use. ☐

I understand that leaving the IMPLANON NXT® in place longer than the recommended time may increase the chances of a pregnancy. I am aware that it is my responsibility to arrange removal. ☐

Allergic reactions

I have advised my clinician of any known allergies, especially allergies to local anaesthetic, hormones (e.g. etonogestrel), plastics, metals, latex or any of the ingredients or products contained in the IMPLANON NXT®. ☐

Acknowledgement

I have understood the information concerning contraceptive implants and have raised any questions I have with my clinician. I will contact my clinician if I require further advice. ☐

I have received a written information brochure about my contraceptive implant. ☐

Consent for insertion (if applicable)

Client

Based on the information above, I _____ willingly consent for my clinician to insert an IMPLANON NXT® for use as a contraceptive in my LEFT / RIGHT (please circle) arm. By ticking the items above, I acknowledge that these are understood by me and have been discussed with my clinician.

Signed by client _____ Date ___/___/_____

Health professional

I have explained the risks and benefits of IMPLANON NXT® insertion to this patient.

Signed by _____ Date ___/___/_____

Client name: _____
File number: _____
DOB: _____

Interpreter (if applicable)
Language: _____
I declare that I have interpreted the details on this form and the dialogue between the client and health practitioner to the best of my ability. I have advised the health practitioner of any concerns about my performance.

Signed _____ TIS Number: _____ Date ___/___/_____

Post-insertion acknowledgement

	Client to tick boxes
I can feel the inserted implant.	☐
I have a copy of the Consumer Medicine Information and the post insertion care instructions.	☐
I should return to see my doctor if I have any concerns or questions.	☐
I need to have the implant removed in 3 years time.	☐

Client signature: _____ Date ___/___/_____

	Clinician to tick boxes
I can feel the inserted implant.	☐
I have provided a copy of the Consumer Medicine Information and the post insertion care instructions.	☐

Health professional signature: _____ Date ___/___/_____

References:

1. Sexual Health Quarters, Consent form A: Patient Consent form for the insertion of IUD, https://shq.org.au/wp-content/uploads/2020/05/IUD-Patient-consent-form.pdf (accessed 4 July 2021)
2. WA Health, Consent form A: Patient Consent to Treatment or Investigations, https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/patient%20safety/PDF/090619_Form_A.ashx, (accessed 5 July 2021)
3. RACGP, Implanon NXT ® Checklist and Consent Form, [website], May 2011, http://www.racgp.org.au/download/Documents/PracticeSupport/201105implanonchecklist.pdf, (accessed 4 July 2021)