

Contraceptive Implant Post-insertion acknowledgement

Sexual
Health
Quarters

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 __/__/__