## **Tallaght Medical Practice**

## **Counselling for Implanon Use**

Patient's Name:	<b>D.O.B.</b> :	Pregnancy Test	□ Positive □ Negative	
□ No know allergie	s. If yes			
Gynae Hx	Menstrual Hx		LMP	_
			Current Contraception	
☐ The advantages and possible side effects of Implanon			☐ When Implanon should be removed	
□ Contraindications/ warnings/ precautions			☐ The option to discontinue Implanon at any time	ž
□ Probable changes in bleeding pattern			☐ The rapid return of pre-existing fertility a removal of Implanon (commensurate with age)	fte
□ Possibility of longer bleeds			☐ Current medications reviewed	
□The correct time to insert			$\hfill\Box$ The provision of supportive information ab Implanon	ou
□ Insertion and remo	oval techniques	include minor surgical in	ncision	
□ Probable small sca	r			
□ Implanon palpated	l in situ by HCP	and patient		
□ Possible complicat	ions of insertio	n or removal (e.g. bruisir	ng, infection)	
□ Complications if In	nplanon is inser	ted incorrectly.		
Anaesthetic used:			Sight of insertion:	
Date of insertion:			Due date for removal:	
Batch number:				
Patient Consent				
Signature:				