

CONSENT FOR CONTRACEPTIVE IMPLANT INSERTION/REMOVAL

Name of Implant: _____

PLACE CLIENT LABEL HERE

INSERTION OF CONTRACEPTIVE IMPLANT

I, _____, have requested and received information on the contraceptive implant. I decided to use the contraceptive implant as my primary method of birth control. I received information on the benefits/advantages and risks/disadvantages of the contraceptive implant. I have read the Kentucky Family Planning Guide and the manufacturer's patient information insert. I understand the possible risks of contraception implant insertion include pain, irritation swelling, bruising at the insertion site, or changes in menstrual cycle. Less common risks include infection, scarring, implant movement, break or failure. I had an opportunity to ask the healthcare provider questions and am satisfied with the answers to my questions.

I hereby consent to the insertion of the contraceptive implant and understand that it is effective until _____, at which time I must have it removed. I received a manufacturer package insert and/or a fact sheet for contraceptive implants, a copy of the contraceptive implant patient labeling, and post-insertion instructions.

Patient Signature

Date

Professional Witnessing Consent

REMOVAL OF CONTRACEPTIVE IMPLANT

I, _____, have asked to remove the contraceptive implant from my arm. Removal of the contraceptive implant is usually a simple office procedure. I understand that sometimes it may require more than one visit to complete the removal. I understand that I will have a local anesthetic injected around the rod to numb my arm before a small incision is made to remove the contraceptive implant. In rare cases, the contraceptive implant cannot be found, and an additional procedure may be necessary. I have had an opportunity to ask questions.

I consent to the removal of the contraceptive implant and understand that unless I plan to become pregnant that I will need to use another method of birth control when the contraceptive implant is removed.

Patient Signature

Date

Professional Witnessing Consent

TRANSLATOR OR INTERPRETER

I have provided an accurate translation of this information to the patient whose signature appears above. She stated that she understands the information and was given the opportunity to have her questions answered.

Translator Signature or Number

Date