

Health Quarters
CONSENT FOR IMPLANON

Please put your initials next to each statement if you understand and agree with it.

_____ No method of birth control is 100% effective. With Implanon, fewer than 1 woman out of 100 will get pregnant in one year of use.

_____ Implanon is a soft piece of plastic the size of a matchstick that contains a female hormone. It is inserted under the skin of your upper arm.

_____ Implanon works mainly by stopping an egg from being released from your ovary. It also makes the mucus in your cervix thicker so sperm cannot get through to the egg.

_____ Implanon will work for 3 years after it is inserted.

- It **can** be removed whenever you want it removed.
- It **must** be removed at the end of 3 years.

_____ There is a slight risk of infection or scarring when the Implanon is inserted or removed.

_____ Rarely, Implanon may not be inserted correctly. You will be taught how to feel Implanon to be sure it is in the right place.

_____ Rarely, removing Implanon can be difficult and special procedures may be needed to remove it.

_____ Irregular bleeding is the most common side effect. One out of ten users stopped using Implanon because of bleeding problems. You may have more bleeding, less bleeding, or no bleeding the entire time you are using Implanon. The bleeding is unpredictable.

_____ Implanon may be less able to protect you from pregnancy if you are also taking certain medicines. (such as some medicines for epilepsy, TB, and St John's Wort). Tell all your providers about all the medicines you are taking, including Implanon.

_____ Implanon does not protect you from HIV infection or any other sexually transmitted infection.

Someone talked with me and gave me written information about Implanon. I understand that information and choose to use this method of birth control.

Client signature _____ Date _____
Witness _____ Date _____

As the parent/guardian of _____, I give my permission for the insertion of Implanon.
Signature _____ Date _____