

Subdermal Contraceptive (Nexplanon®) Consent Form

____ I request an insertion of subdermal contraceptive implant (progestin implant, Nexplanon®).

I understand the following:

____ I will have a pregnancy test before the subdermal contraceptive implant is inserted. If I had unprotected sex within the past 14 days, the pregnancy test may be negative even if an early pregnancy has begun.

____ The subdermal contraceptive implant protects against pregnancy for up to 5 years.

____ The possible risks of the subdermal contraceptive implant include skin infection, scarring of the skin, bruising and swelling in the arm where it was placed.

____ I expect to have spotting and irregular bleeding. This may or may not occur for a month or longer. My periods may also change. If they do, I may have more or less bleeding. At some point while I have the contraceptive implant, I may completely stop having periods. None of these changes are dangerous to my health.

____ The subdermal contraceptive implant does not protect against sexually transmitted infections (STIs). I should use condoms to protect myself against STIs.

____ I may check for the subdermal contraceptive implant by feeling for the rod under my skin. I will come into the office if I can't feel the rod.

____ I have a sheet that explains what to expect after subdermal contraceptive implant placement.

____ I consent that _____ insert the subdermal contraceptive implant for me.

____ If I had testing for STIs I will be available at this number to receive results:

Phone: _____ May we leave a confidential message? ____yes ____no

Signature of patient: _____

Date: _____

Signature of clinician: _____

Date: _____

Witness: _____

Date: _____