

**Consent to a fitting or refitting of a contraception Subdermal implant**

Name: Date of Birth: Lilie number:

**I AGREE TO THE FOLLOWING;**

I have been counselled about the Subdermal Implant and the fitting procedure today.

I have been given a leaflet about the Subdermal Implant to take home and read in my own time.

I understand that I can change my mind at any time between now and the fit.

I accept having less time to consider the information given if having the procedure today.

I understand the risks associated with the fitting of a Subdermal Implant:

* Wound infection where it has been inserted.
* Scarring.
* Pregnancy may occur if fitted where there has been unprotected sex within the last three weeks a pregnancy test at 3 three weeks is sometimes advised.
* Very rarely the implant can move to a different part of the body. This is extremely unlikely if fitted by a trained implant fitter.
* If removal is unsuccessful a referral to another practitioner or a deep implant removal service may be required.

I am aware the procedure will involve local anaesthetic.

I am aware of possible changes to my periods following fitting a Subdermal Implant and possible hormonal effects of the implant, which may include acne and cause temporary side effects including headaches breast tenderness and mood changes.

I am aware that some skin deterioration around the insertion site may occur with a multiple fittings or removals.

I am aware I should report to the clinic if I am ever unable to feel my implant.

I am aware that the implant is licensed for use for 3 years. I have been told no reminders will be sent for renewal and I am responsible for organising my own renewal. I have been told when the device will need to be changed.

Signed .................................................................................................Date..................................

HCP Signature......................................................................................Date..................................