CONTRACEPTIVE IMPLANT REMOVAL CONSENT / CLIENT INFORMATION

Client Name_______________________________________________________

I am aware that if I don’t want to get pregnant after the contraceptive implant is taken out, I can have a new contraceptive implant put in or choose a different method of birth control today.

I understand that it could take up to 30 minutes to take out the contraceptive implant. First, my skin over the implant will be cleaned and numbed. Next, a small cut will be made close to the tip of the implant so that it can be removed. I am aware that I might feel some discomfort during the procedure.

I am aware of the possible problems that might occur when removing the contraceptive implant such as:

- An allergic reaction to the anesthetic
- Bruising, soreness, irritation and/or swelling where the implant was removed
- Infection
- Scarring where the implant was removed
- Injury to the nerve or blood vessels
- Breaking of the implant
- A second incision could be needed to remove the implant or a second visit could be needed to remove the implant

Based on my knowledge of the above, I consent to the removal of the contraceptive implant.

__________________________________________          ________________
Client Signature                                                         Date

__________________________________________          ________________
Witness Signature                                                         Date

INTERPRETER’S STATEMENT (If appropriate)
I have interpreted the information and advice presented orally to the client who has chose to use contraceptive implant. I have also read to her the consent form in a language she understand and explained its content to her. To the best of my knowledge and belief she understands this explanation and voluntarily consents to the removal of the contraceptive implant.

__________________________________________          ________________
Interpreter Signature                                              Date