ASSESSMENT FOR CONTRACEPTIVE IMPLANT EXCHANGE



The ENG-IMP (Contraceptive Implant/Nexplanon) provides very effective contraception for 3 years. It is estimated to be 99.95% effective in its first year and the contraceptive effect is lost rapidly after removal. It *may* also provide help with heavy or painful periods.

In order that we offer the best and safest service and to ensure our appointments are used optimally, please fill in the questionnaire below. **Email completed form to: mtw-tr.coilassessmentdoc@nhs.net**

Once you have returned the form, one of our staff will be in touch within 14 days to book your Implant exchange appointment. Please contact us via the email above if you don't hear anything within 14 days of submitting your form

appointment. Please conta	act us via the email ab	ove if you don't hea	ar anything w	vithin 14 days o	f submitting your form.
Full Name:		DO	B:		Age:
Phone number:		(mobile)			(landline)
Email address:					
Please check carefully tha	t these details are cor	rect			
It is important that you ar	e not pregnant at the	time of the Implan	t exchange.		
When was your Contracep	otive Implant fitted?	(date)			
Are you able to feel the im	nplant?			□No	□Yes
Has anyone else tried, and	failed to remove you	ır Implant?		□No	□Yes
If your Implant has been in	n place for more than	3 years:			
What date was the	e first day of your last	period?			
	period for you, at the	•		□ No	☐ Yes
	other method of con- ne above question is "	•	•	□ No	☐ Yes
	•	•		-	
□pills □	patch □vagin	al ring □Injection	□Cond	loms Other:	
					(Please specify)
Have you taken EMERGEN	ICY CONTRACEPTION	in the last 3 weeks?)		
□ No □ Yes					
If required, please continu	ue using your contrace	eption reliably until	your Implan	nt is exchanged	



For your safety,	we must ask some sensitive questions to assess the risks of sexually transmitted infections:				
How long have you been together with your current sexual partner?					
Have you had a	new sexual partner in the last 12 months?				
\square No	□Yes				
Have you had n	nore than one sexual partner in the last 12 months?				
□No	□Yes				
Does your sexu	al partner have other sexual partners?				
□No	□Yes				
-	had any sexually transmitted infections?				
□No	□Yes				
Have you been	in contact with anyone who has had a sexually transmitted infection (STI)?				
-	Yes				
□No	□ res				
Have you had a	ny new vaginal discharge?				
□No	□Yes				
If the answers to screening kit.	o any of the infection questions are YES , please visit the website SH.UK and register to receive an STI				
	o the STI screen in the comfort of your own home and once complete please post as per the instructions. be sent as a text to your mobile phone.				



Are you experiencing abnormal vaginal bleeding? By that we mean bleeding between periods, bleeding after sex or new and un-investigated bleeding that is heavier or irregular?				
□No	□Yes			
Have you had a	a Termination of Pregnancy (abortion) in the last 3 weeks?			
□No	□Yes			
Are you up to	date with your cervical screening?			
□No	□Yes			
	ny other medical conditions? Please give details			
□No	□Yes			
Do you take am	vy madiantian? Diagra siya dataila			
□No	y medication? Please give details □Yes			
⊔№				
Were there an	y problems when you had your current Implant fitted No Yes			
If "YES", please				
Is there any ot	ner information you would like to tell us that you think might be important or helpful?			
e.g. you are nee	dle phobic; faint easily, etc			
Although we ca	annot guarantee a time to call you back, which would be your preferred time slot?			
Mornir	\square Afternoon \square Evening (before 6:30) \square			



We will try to call you on two occasions – the number will be displayed as withheld.
If we are unable to contact you by phone, we will send an SMS or leave a voice message inviting you to call in to make an appointment. If you do not want us to leave a voice message or send an SMS, please check the box.
You can access a helpful video on implant fitting via the following link:
https://www.youtube.com/watch?v=ioVohgaQSm8
Link to patient information leaflet on Contraceptive Implant:
https://www.contraceptionchoices.org/contraceptive-method/implant
Please be prepared to provide a urine specimen on the day, prior to your procedure.
Please ensure you have eaten and been drinking normally prior to the appointment.
> It is advisable to wear a loose or short sleeved top.
Please do not bring any children to the appointment
> You may bring someone to accompany you to wait in the waiting room during your appointment
If there is any risk of pregnancy, it may not be possible to exchange the Implant. So, if your Implant is not in date i.e. fitted more than 3 years ago, please either abstain from sex or use a reliable method of contraception correctly for at least 21 days prior to the procedure (reliable methods of contraception do not include withdrawal or fertility awareness methods/Apps).
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