## ASSESSMENT FOR CONTRACEPTIVE IMPLANT INSERTION



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 insertion appointment. Please contact us via the email above if you don't hear anything within 14 days of submitting your form. Full Name: DOB: \_\_\_\_\_ Age: Phone number: \_\_\_\_\_(mobile) \_\_\_\_\_(landline) Email address: Please check carefully that these details are correct It is really important that you are not pregnant at the time of the Implant insertion. Have you used the Implant before? ☐ No □Yes If answer "Yes": How long ago was it removed? \_\_\_\_\_ **Did you have any side effects with it:** □ No □ Yes If answer "Yes", please give details: \_\_\_\_\_\_ What date was the first day of your last period? Was this a normal period for you, at the expected time? □No □Yes What is your current contraceptive method? □ pills □vaginal ring □Injection □Implant ☐ Condoms Other:\_\_\_\_ patch (Please specify) Have you taken EMERGENCY CONTRACEPTION in the last 3 weeks?  $\square$ No □Yes

If required, please continue using your contraception reliably until your Implant is fitted



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?					
□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					
Have you ever l	had any sexually transmitted infections?					
□No	□Yes					
Have you been	in contact with anyone who has had a sexually transmitted infection (STI)?					
□No	□Yes					
Have you had a	ny new vaginal discharge?					
□No	□Yes					
If the answers to screening kit.	o any of the infection questions are <b>YES</b> , please visit the website SH.UK and register to receive an STI					
	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 ha	d a Terminatio	on of Pregnancy (a	abortion) in the	last 3 weeks?					
□No	□Yes								
Are you up to date with your cervical screening?									
□No	□Yes								
Do you have any other medical conditions? Please give details									
□No	□Yes						7		
Do you take	any medicatio	<b>n?</b> Please give de	tails				7		
□No	□Yes								
Are you aller	rgic to anythin	<b>g?</b> Please give det	ails				1		
□No	□Yes								
Have you ever had a local anaesthetic for any other procedure?					□No	□Yes			
If "YES", were there any problems with the anaesthetic?						□Yes	٦		
If "YES", plea	ase give details	<b>5</b> :							
					_				
Is there any	other informat	tion you would lik	ce to tell us tha	t you think might b	e important	or helpful?			
e.g. you are n	needle phobic; fair	nt easily; have had pro	blems with hormo	nes in the past etc					
طعیب ماجار ۸	connot succes	ntoo o timo to col	المراجعة المراجعة	ah wayld haa	wofowast #!	chala as			
				ch would be your p		ie SiOt?			
IVIOri	ning $\square$	Afternoon	□ Eve	ning (before 6:30) [					



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 <b>do not</b> 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: <a href="https://www.youtube.com/watch?v=ioVohgaQSm8">https://www.youtube.com/watch?v=ioVohgaQSm8</a>
Link to information on Contraceptive Implant: <a href="https://www.contraceptionchoices.org/contraceptive-method/implant">https://www.contraceptionchoices.org/contraceptive-method/implant</a>
<ul> <li>Please be prepared to provide a urine specimen on the day, prior to your procedure.</li> <li>Please ensure you have eaten and been drinking normally prior to the appointment.</li> <li>It is advisable to wear a loose or short sleeved top.</li> </ul>
<ul> <li>Please do not bring any children to the appointment</li> <li>You may bring someone to accompany you to wait in the waiting room during your appointment</li> </ul>
If there is any risk of pregnancy, it may not be possible to fit the Implant. So, please either abstain from sex or use a reliable method of contraception correctly for at least <b>21 days</b> prior to the procedure (reliable methods of contraception do <b>not</b> include withdrawal or fertility awareness methods/Apps).