

Request and Consent for Subdermal Implant (Nexplanon®)

1. Last Name	First Name	MI
2. Patient Number		
3. Date of Birth (MM/DD/YYYY)		
	Month	Day
4. Race <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Unknown <input type="checkbox"/> White		Year
5. Ethnic Origin <input type="checkbox"/> Hispanic Cuban <input type="checkbox"/> Hispanic Mexican American <input type="checkbox"/> Hispanic Other <input type="checkbox"/> Hispanic Puerto Rican <input type="checkbox"/> Not Hispanic/Latino <input type="checkbox"/> Unreported		
6. Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		
7. County of Residence		

Voluntary Participation and Confidentiality Statement: Title X services are provided solely on a voluntary basis. Individuals must not be subjected to coercion to receive services or to use or not to use any particular method of family planning. Acceptance of family planning services must not be a prerequisite to eligibility for, or receipt of, any other service or assistance from or participation in any other programs of the applicant. This information is confidential and will be treated as such.

Birth control methods may have good or bad side effects or complications, which may be harmful to me. I have been told that the most frequent benefits, risks and side effects are those listed below. Others not listed may occur.

Subdermal Implant Use Effectiveness: 99.5–99.9 Percent

Benefits	Possible Risks/Disadvantages	Possible Side Effects
1. Very effective	1. Bleeding changes with period	1. Headache
2. Ease of use	2. Insertion complications (rare)	2. Nausea
3. Discreet	3. May not prevent ovarian cysts	3. Vaginal dryness
4. Relief of menstrual cramps and endometriosis symptoms	4. Lack of sexually transmitted disease including HIV protection	4. May increase risk of blood clots
5. Reduced risk of ectopic pregnancy		
6. No estrogen		
7. Quick to return to fertility		

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1. I do not wish to become pregnant now. One benefit of choosing a method of birth control is that I will be better able to delay a pregnancy until it is desired.
2. All contraceptives offered by this clinic have been explained to me. I may change to another method if medically recommended. Also, I may stop using a birth control method if I wish to become pregnant. Instructions for the use of my chosen method have been given to me.
3. I understand that after the insertion, I need to keep the incision site clean and dry and if any signs of infection begin like redness, swelling or heat at the site, I am to contact the health department.
4. I understand that I can expect to have irregular bleeding or spotting, or no periods at all while I am using Nexplanon®. I can contact my healthcare provider if I have any problems or questions related to my periods.
5. I have read the above (or have had it read to me) and have been given the opportunity to ask questions and received answers to my satisfaction. Being mentally competent, I assume full responsibility and release the local health department, including the attending clinician, staff and assistants of any and all liability for any adverse effects or pregnancy that may result from my using the method of birth control provided to me. I have been advised to call the clinic for discontinuation instruction if I choose to stop this method

