



Fitting Protocol / Form—Subdermal Implant

Name: _____ D.O.B. ____ / ____ / ____
Address: _____

LMP: ____ / ____ / ____ Counselling and Consent Signed: _____
Last Sexual Intercourse: _____

Current Contraception: _____ OR _____
Meets criteria to exclude pregnancy—if one of the below is met:
 Has not had intercourse since last normal menses
 Has been consistently and correctly using a reliable method of contraception
 Is within the first 7 days of the onset of a normal menstruation
 Is within 4 weeks postpartum for non lactating women
 Is within the first 7 days post abortion or miscarriage
 Is fully or nearly full breastfeeding, amenorrhoeic and less than 6 months postpartum

** A pregnancy test adds weight to the exclusion of pregnancy but only if \geq 3 weeks post UPSI*

HCG: _____
Chaperone: Name: _____
Role: _____

Procedure: Local Anaesthetic Yes No
MI Lidocaine 2%: _____ Site: _____
Device / Batch no. _____
Dressing: _____
Device palpable by doctor and patient after insertion: Yes No
Follow-up Arrangements

GP Signature: _____ Date: _____