



NORTH DAKOTA DEPARTMENT OF HEALTH
Family Planning Program

**CONSENT FOR
Hormonal Implant**

Name _____ Chart No. _____

BENEFITS: I am voluntarily choosing to use a Hormonal Implant as a method of family planning. Hormonal Implant is effective for three years. It is 99 percent to 100 percent effective. Breastfeeding may continue when using a Hormonal Implant.

RISKS/SIDE EFFECTS: I am aware that while using a Hormonal Implant as a method of family planning, I may have the following side effects:

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| * Bleeding irregularities | * Depression | * Mood swings |
| * Pain or irritation near the implant site | * Breast pain | * Vaginitis |
| * Infection at implant site | * Acne | * Trouble with using contact lenses |
| * Headache | * Weight gain | * Darkening of the skin, especially on the face |
| * Extra hair on face and body | | |
| * Viral infections such as cold, sore throat, sinus infections or flu-like symptoms | | |

Cigarette smoking increases the risk of serious cardiovascular side effects. I understand that certain medications (mainly medications for seizures, St. John's Wort, and anti-HIV protease inhibitors) may make the Hormonal Implant less effective.

I have been told that in order to lessen the chance of serious complications from my Hormonal Implant, it is my responsibility to visit the family planning clinic, a doctor or a hospital emergency room if I start having the following **DANGER SIGNS:**

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| * Sharp chest pain, crushing chest pain or heaviness in the chest | * Heavy vaginal bleeding |
| * Pus or bleeding at the insertion site | * Shortness of breath or coughing blood |
| * Implant breaking through the skin | * Yellowing of the skin |
| * Persistent pain in the calf of the leg | * Breast lumps |
| * Sudden or severe headaches or vomiting, dizziness or fainting | * Severe pain, swelling, or tenderness in the abdomen |
| * Problems with speech, vision, weakness or numbness in arms or legs | |
| * Difficulty sleeping, weakness, lack of energy, tiredness or sadness | |

ALTERNATIVES: The other means of birth control have been explained to me. I understand that sterilization (permanent methods), birth control pills, the patch, the ring, diaphragms, contraceptive foam (alone), condoms, foam and condoms (used together), DMPA (Depo Provera), Mirena or Paraguard IUDs, and natural family planning are highly effective birth control methods that are also available.

INSTRUCTIONS for Hormonal Implant have been given to me, and I have been given the product information. I understand how the Hormonal Implant is inserted and removed. I understand the Hormonal Implant becomes effective within less than 24 hours after insertion if inserted within the first five days of a normal menstrual cycle and that it is effective for three years and needs to be removed by a clinician who has had experience removing Hormonal Implants. I understand it may be difficult to remove the Hormonal Implant. I understand that the Hormonal Implant does not protect against sexually transmitted infections. I have been instructed on the care of the area following insertion and the need for follow-up care.

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DECISION NOT TO CONTINUE USING THE HORMONAL IMPLANT: I have been told that I may have my Hormonal Implant removed at any time by a qualified medical clinician. Removal will require local anesthesia and one small incision. There is usually an additional medical fee for removal. I understand fertility can return immediately after the rod has been removed.

INSERTION: The Hormonal Implant rod is about 4 cm long and 2 mm wide. It will be inserted just under the skin of your upper arm through a 1/8 inch incision. Local anesthesia is used before insertion to make the skin temporarily numb. Some bruising may occur in the insertion area but should disappear within a short time. The incision will be protected by a bandage for the first few days. The site usually will heal quickly. Minimal to no scarring is expected. You will be able to feel the Hormonal Implant, and it should be visible under the skin.

QUESTIONS: I have been given the chance to ask questions about the Hormonal Implant and about the consent form.

Client Signature

Date

Witness

Date

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