

SUBDERMAL CONTRACEPTIVE IMPLANT
REMOVAL RECORD

Date _____
Name _____
Age _____ Date of Birth _____
Allergies _____
Current Method of Contraception _____
Current Medications _____
LNMP _____

Date of insertion _____ Insertion Record reviewed yes no

Reason(s) for removal

- 3 years since insertion
- Desire pregnancy
- Pregnancy occurred
- Irregular bleeding
- Other side effects _____
- Other _____

Implant palpable before removal? yes no

If no, how was implant localized _____

Implant removed intact? yes no

Difficulty with removal? yes no

If yes, specify

- Significant fibrosis
- Implant broken or fractured
- Implant in fascia or muscle
- Incision needed to be enlarged
- Implant not found
- Referral for removal _____

After implant removed:

- New implant inserted (refer to insertion record)
- Condoms offered given
- Combined oral contraceptive initiated brand name _____
of cycles _____ start date _____
- Other method of contraception initiated _____

Return Visit _____

Date _____ Interpreter Name _____

Clinician Signature _____