Implantable contraceptive (Nexplanon) questionnaire

Name:													
Date of birth & age:		1	1	Age	=								
	at was the first day of ir last period:	1	/ 20										
1	Have you previous	ly had an	implant	fitted elsewhere?			□ No	□ Yes					
2	Are you allergic to	etonoges	trel?				□ No	☐ Yes					
3	Are you allergic to	any local	anaesth	etics?			\square No	□ Yes					
4	Do you take any of these drugs:	aprepitar bosentar carbama efavirenz eslicarba	n zepine Z	fosphenytoin lumacaftor modafinil nevirapine oxcarbazepine	phenobarbital phenytoin primidone rifabutin rifampicin	ritonavir rufinamide St John's wort topiramate	□ No	□ Yes					
5	Have you had isch	aemic hea	art disea	se?			□ No	☐ Yes					
6	Have you had a tra	ansient isc	chaemic	attack or stroke (T	IA or CVA)?		□ No	☐ Yes					
7	Do you have any u	ınexplaine	ed vagina	al bleeding?			□ No	□ Yes					
8	Do you have or ha	ve you ha	d breast	cancer?			□ No	□ Yes					
9	Have you had liver	disease?	•				□ No	□ Yes					
10	Have you taken ull	ipristol ac	etate in	the last five days (l	pefore insertion)?		□ No	□ Yes					
Please insert your initials to confirm that you have read & understood each section $ ightarrow$								Initials					
	ricase ilisert yo	ui iiiiiiais	,	illilli tilat you llave	read & underst	oou each section	Effectiveness of the contraceptive implant: The first year failure rate has been estimated at 0.05%.						
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		contrace	ptive im	plant: The first ye	ar failure rate has	been estimated at		micials					
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