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| Medway GP LARC Programme GP SDI Insertion or Exchange Pathway |

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| **To be completed by the referring Clinician** | | |
| Patient Name  Insert Patients Name | | Patient DOB  Insert Patients DOB |
| NHS Number  Insert Patients NHS Number | | |
| Patients phone number  Insert patients phone number | | |
| Patient Address  Insert Patient address here | | |
| Referring Clinician | Insert Clinicians name | |
| Insert Clinicians address and email | |
| Insert date | |

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| Relevant medical history | Insert details here |
| Current medication | Insert details here |
| Known allergies | Insert details here |
| First day of last menstrual period | Insert details here |
| Last sexual intercourse | Insert details here |
| Previous use SDI | Yes / No |
| Current contraception | Insert details here |
| Fraser competence if under 16 | Yes |
| Translator required | Yes / No |

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| I have discussed / excluded the following: | Clinician initials |
| Contraindications – severe liver disease/abnormal vaginal bleeding/current breast Ca or PH within 5 years / Ischaemic heart disease |  |
| Potential benefits – 3 years duration / over 99% effective |  |
| Potential bleeding patterns / hormonal side effects |  |
| Interaction with St. Johns Wort/ liver enzyme inducers |  |
| Patient leaflet given |  |
| No sexual intercourse from period before insertion / continue contraception until insertion |  |

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| **Once the consultation has been completed by the referring clinician, please make an appointment for the patient at the fitting surgery.** |

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| **To be completed by the fitting clinician** | |
| Fitting Surgery | Insert details here |
| Fitting Clinician | Insert name here |
| Device fitted | Insert device details here |
| Arm | Choose an item. |
| Comments | Insert comments here |

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| **Once completed by the fitting surgery, please return completed form to the patients registered surgery so that their records can be updated** |