## **Contraceptive Implant Fitting or Removal Evaluation Form**

Date: Name:
NHS South Birmingham is interested in feedback on contraceptive implant fitting and removal procedures undertaken within a GP Surgery. We want to ensure that we maintain a high standard of service to our patients and ensure that future procedures run smoothly.
We would be grateful if you could complete this survey about the procedure you have recently had. Feedback from the survey will enable us to indentify areas that may need improvement.
Please complete this evaluation form approximately 2 weeks after your procedure.
Please tick the boxes below – where you are dissatisfied or would like to add additional comments could you please do so in the box at the end of the form.
Q1: Name of procedure undertaken  Fitting of sub-dermal contraceptive implant   Removal of sub-dermal contraceptive implant
Titung of Sub-definal contraceptive implant
Q2: Name of Doctor undertaking procedure: Dr Cole / Dr Allen / Dr Clarke
Q3: Name of the surgery or practice where procedure was undertaken:
Bournbrook Varsity Medical Centre  Is this your registered GP Practice? Yes No No
is this year registered of Tractice. Too
Q4: Were you satisfied with the time it took for you to receive an appointment date?
Very Satisfied Satisfied Dissatisfied Very Dissatisfied
Q5: Were you given all the necessary facts prior to undergoing the procedure, to enable you to make an informed choice about having the procedure? Yes \( \subseteq \text{No} \subseteq \)
Q6: Were you satisfied that you received all the necessary advice and information (failure rate, effect on periods, return to fertility etc)?
Very Satisfied Satisfied Dissatisfied Very Dissatisfied
Q7: Did you receive any written information – such as a patient leaflet? Yes No
The particular written intermediate a patient loaner. Tee
Q8: Did you have any problems requiring further treatment after your procedure?  Yes \( \sum \) No \( \sum \)
On How actisfied were you with the averall clinical carving received?
Q9: How satisfied were you with the overall clinical service received?  Very Satisfied Satisfied Dissatisfied Very Dissatisfied
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Any additional comments are welcomed: particularly if you are dissatisfied or very dissatisfied with any parts of the service.
ADDITIONAL COMMENTS:

Thank you for taking the time to complete this evaluation form.