

PREPARING FOR THE INSERTION OF AN INTRAUTERINE DEVICE (COPPER IUD) OR AN INTRAUTERINE SYSTEM (MIRENA)

It is important that you have read all the information and are suitable for the procedure on the day you come.

Please bring this form with you when you attend the clinic.

Please tick the boxes to confirm that you have understood and agreed to the following:

- I have watched the DVD on IUD/IUS *or* read the leaflets *or* I already have an IUD/IUS and am familiar with the method
- I am using an effective method of contraception and haven't had any problems (e.g burst condom, missed pills, IUD overdue for change, expired implant). I have not had unprotected sex (or used withdrawal or pullout method) since my last period.
- I understand that it is not safe to insert an IUD/IUS if I might be pregnant.
- I will make sure that I have had breakfast on the day of the appointment. A painkiller can be taken around an hour in advance.
- I am not at risk of sexually transmitted infection (eg I do not have a new partner) or I have been tested for chlamydia / gonorrhoea since unprotected sex with a new partner. (delete as appropriate)
- I understand that no method is 100% effective and that the IUD/IUS has a very small risk of failure (less than 1 in 100 chance of pregnancy).
- I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion of the device.
- I understand that there is a 1 in 20 chance of the device falling out.
- I understand that the IUD/IUS will not protect against sexually transmitted infections and condoms in addition are recommended for this if for example I have a new partner.
- I understand that there is a small risk of infection (1 in 100) in the first few weeks following insertion of a device.
- I know that a copper IUD will make my periods slightly heavier, longer and more painful.
- I will be using the IUD/S for contraception.
- I know that an IUS (Mirena) will make my periods much lighter but causes erratic bleeding and spotting in the first few months of use.

If you are unsure about any of the above statements, we recommend you attend the service for pre-assessment.

Signature:.....

Date:.....

Print name:.....

AN..... (office use only)