

IUD Insertion Consent Form

Client:
DOB:
Address:
File number:

Client
to initial

<ul style="list-style-type: none"> I have discussed the benefits, risks, and side effects of using Copper bearing IUDs and Progesterone releasing IUDs (Mirena®) with staff at True Relationships & Reproductive Health. The nature of the insertion procedure has been fully explained to me and I have read the True Fact Sheet on this method of contraception. I have been given information on and have chosen to have a (Copper T / Load 375 / Mirena) device inserted today. 	
<ul style="list-style-type: none"> I understand that the insertion of an IUD carries with it such risks as: <ul style="list-style-type: none"> Failure of the IUD to prevent pregnancy Expulsion (pushing out) of the IUD Pelvic infection (infection of the uterus and tubes) Perforation (damage to the walls) of the uterus by the IUD Disturbances of the menstrual cycle (periods) Possible fainting episode The need for removal under general anaesthetic if IUD threads withdraw 	
<ul style="list-style-type: none"> I understand the importance of excluding the possibility that I am already pregnant when the device is inserted. I have accurately reported to the doctor that the first day of my most recent period is «insert date» and/or given the doctor accurate information about recent sexual activity to ensure appropriate timing of insertion. 	
<ul style="list-style-type: none"> I am aware that I must not drive a motor vehicle for at least one hour after the procedure is completed and that I may need to have an ultrasound after the insertion procedure to check the IUD position. 	
<ul style="list-style-type: none"> I am aware of the importance of attending an appointment at the clinic in 2-3 weeks after insertion to check for unusual complications such as perforation of the uterus or pelvic infection. I am aware that these complications can occur without obvious symptoms and that it is my responsibility to arrange and attend this follow up appointment. 	
<ul style="list-style-type: none"> I understand that the IUD must be removed within «»years, since leaving it in place for longer will increase the chances of a pregnancy occurring. I am aware that it is my responsibility to arrange removal no later than «insert date» 	
<p>I have been advised that I «will/will not» need to use additional contraception for 7 days after the insertion.</p>	
<ul style="list-style-type: none"> I understand the need to provide True with an emergency contact as I am undergoing a procedure in this clinic. 	

EMERGENCY CONTACT DETAILS

Emergency contact: _____ Phone: _____

I, _____ of _____
consent to the insertion of an IUD and to the use of local anaesthetic to reduce discomfort (if required). I have initialled all of the above and by doing so acknowledge that these have been understood by me.

Client Signature: _____ Date: _____

Inserting Doctor Signature: _____ Date: _____