

**XXXXXX Health Center**

Address

Phone:

**IUD Consent form**

\_\_\_\_ I request a (circle one): Mirena / Paragard IUD

I understand the following:

\_\_\_\_ I will have a pregnancy test before the IUD is inserted. If I had unprotected sex within the past 7 days the pregnancy test may not be accurate and may read negative when an early pregnancy is starting.

\_\_\_\_ The Paragard may be used as Emergency Contraception for up to 5 days of after unprotected sex

\_\_\_\_ The Mirena protects against pregnancy for 5-7 years. The Paragard protects against pregnancy for 10-12 years.

\_\_\_\_ The possible risks of IUD placement include infection, bleeding, allergic reaction, perforation of (poking a hole in) the uterus, and expulsion (falling out) of the IUD.

\_\_\_\_ I may have irregular bleeding and cramping for the first 3 months after the IUD is inserted. Ibuprofen or a heating pad may help with these symptoms.

\_\_\_\_ With the Mirena IUD my periods may get lighter or disappear and I understand that this is not dangerous.

\_\_\_\_ With the Paragard IUD my periods may get heavier or last longer.

\_\_\_\_ I may check the strings of the IUD once a month to make sure it is in the right place. I will come into the office to have the IUD checked if I can't feel the strings.

\_\_\_\_ I have been given a patient information form to take home about the side effects to expect after the IUD is inserted.

\_\_\_\_ I hereby consent that \_\_\_\_\_ insert the IUD for me.

**Signature of patient:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_