IUD Insertion Consent Form

_____ I request a (circle one): Mirena / Skyla / Liletta / Kyleena / Paragard IUD

I understand:

_____ 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 read negative when an early pregnancy is starting.

_____ Mirena, Liletta, or Paragard IUDs may be used as Emergency Contraception for up to 5 days of after unprotected sex.

_____ The Mirena and Liletta protect against pregnancy for 7 years. The Kyleena protects against pregnancy for 5 years. The Skyla protects against pregnancy for 3 years. The Paragard protects against pregnancy for 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, naproxen, or a heating pad may help with these symptoms.

_____ The IUD does not protect against sexually transmitted infections (STIs). I should use condoms to protect myself against STIs.

_____ With the Mirena, Skyla, Kyleena, and Liletta IUDs my periods may get lighter or go away. This is not dangerous.

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

_____ I know what to expect after the IUD is inserted.

_____ I consent that ________________________________ insert the IUD for me.

Signature of patient: ________________________________ Date: ______________

Signature of clinician: ________________________________ Date: ______________

Witness: _______________________________________ Date: ______________

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