

XXXXXX Health Center

Address

Phone:

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:** _____