**XXXXXX Health Center**

**Address**

**Phone:**

**IUD Insertion Consent Form**

\_\_\_\_ I request a (circle one): Mirena / Skyla / Liletta / Kyleena / 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 IUD may be used as Emergency Contraception for up to 5 days after unprotected sex.

\_\_\_\_ The Mirena and Liletta protect against pregnancy for 8 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 STIs. I should use latex condoms to protect myself against STIs

\_\_\_\_ With the Mirena, Skyla, Kyleena, and Liletta IUDs 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 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 clinician:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_**

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