

XXXXXX Health Center
Address
Phone:

IUD Insertion Consent Form

___ I request a (circle one): Mirena / Skyla / Liletta / 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 Skyla / Liletta protects against pregnancy for 3 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.

___ The IUD does not protect against STDs. I should use latex condoms to protect myself against STDs

___ With the Mirena, Skyla 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 provider: _____ Date: _____

Witness: _____ Date: _____