XXXXXX Health Center
Address
Phone:

IUD Insertion Consent Form

____ I request a (circle one): Mirena / Skyla / Liletta / Kyleena / Paragard / Miudella

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, Mirena, and Liletta IUDs may be used as Emergency Contraception for up to 5 days after unprotected sex.

____ Mirena and Liletta prevent pregnancy for 8 years. Kyleena prevents pregnancy for 5 years. Skyla and Miudella prevent pregnancy for 3 years. The Paragard prevents 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).

____ I may have irregular bleeding and cramping for the first 3 months after the IUD is inserted. Pain pills like ibuprofen (Advil, Motrin) or naproxen (Aleve), or a heating pad may help with these symptoms.

____ The IUD does not protect against sexually transmitted infections. If I am looking for protection against sexually transmitted infections, I should use external or internal condoms.

____ With the Mirena, Skyla, Kyleena, and Liletta IUDs my periods may get lighter or disappear. I understand that this is safe.

____ With the Paragard or Miudella, my periods may get heavier or last longer.

____ I have been given an information sheet 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:**_____

reproductive health access project