## It is important that you are suitably prepared prior to the fitting of your intrauterine device (IUD) or intrauterine system (IUS).



| Please confirm the following:  | Yes | No |
|--|-----|----|
| I have watched the video on Intrauterine contraception or I already have an IUD/IUS and am familiar with the method  |     |    |
| I understand that no method is 100% effective and that there is a small risk of failure (less than 1 in 100 chance of pregnancy; 1 in 1000 chance of this being an ectopic pregnancy)  |     |    |
| I understand that there is a small risk of pelvic infection (less than 1 in 100) in the 20 days after insertion of the device  |     |    |
| I understand there is a 1 in 20 chance of the device being pushed out (expelled) by my uterus  |     |    |
| I understand that there is a small risk of 1 to 2 per 1000 procedures that the IUD/IUS might go through (perforate) my uterus or cervix when it's put in and if this happens I may need an operation in hospital to remove the device.       |     |    |
| I understand that if I have just given birth or am breastfeeding the risk of perforation increases up to 6 times.  |     |    |
| I understand that a copper IUD may make my periods heavier, longer and/or more painful   |     |    |
| I know that the hormonal IUS may make my periods much lighter but is likely to cause erratic bleeding and spotting in the first few months of use. It may also cause some hormonal side effects, particularly in the first few months of use |     |    |
| I am not at risk of sexually transmitted infection (e.g. I do not have a new partner) or I have been tested recently for chlamydia / gonorrhoea  |     |    |
| I understand that it is not safe to insert an IUD/IUS if there is a risk of pregnancy  |     |    |
| I am using an effective method of contraception and haven't had any problems (e.g. burst condom, missed pills, IUD overdue for change). I have not had unprotected sex (or used withdrawal) since my last period.                            |     |    |
| I will make sure that I have had breakfast/lunch on the day of the appointment. A painkiller can be taken around an hour in advance.   |     |    |

| Date of Birth: | Signature: |
|----------------|------------|

Date:

**Patient Name:**