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| **XXXXXX Health Center****Address****Phone:**  |

**IUD Insertion Consent Form**

\_\_\_\_ I request a (circle one): Mirena / Skyla / Liletta / Kyleena / Copper 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 Copper, 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 prevents pregnancy for 3 years. The Copper IUD 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 Copper IUD, 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:\_\_\_\_\_\_\_\_\_\_\_\_**