

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:** \_\_\_\_\_