

Name

DOB

Self-assessment checklist/consent pre IUC

	YES
I have watched the recommended video on intrauterine contraception	
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 2000 chance of this being an ectopic pregnancy)	
I understand there is a small risk of pelvic infection (less than 1 in 100) in the first few weeks after insertion of the device. I also understand this method gives no protection against sexually transmitted infections	
I understand there is a 1 in 20 chance of the device being expelled/falling out and this may go un-noticed	
I understand there is 2 in 1000 chance the device could work its way out of the womb (womb perforation) requiring surgery to remove it	
If breastfeeding: I understand that in the first 6 months of breast feeding, the risk of perforation increases to 6 in 1000	
If having the copper IUD: I understand that the copper IUD may make my periods heavier, longer and/or more painful	
If having the hormonal IUS: I understand that the IUS may cause: <ul style="list-style-type: none">• Irregular bleeding or spotting for a few months after which lighter or no periods is common• Some hormonal side-effects, particularly in the first few months of use	
I understand that it is not safe to insert an IUD/IUS if there is a risk of pregnancy	
I am not at risk of pregnancy because: <ul style="list-style-type: none">• I am using a hormonal method of contraception correctly Or• I have not had vaginal sex since the beginning of my last period Or• I have not had vaginal sex for at least 3 weeks Or• I am having as existing IUS or IUD replaced which is still in date	
I should seek medical advice if I develop unusual abdominal pain and/or discharge, or bleeding and do a pregnancy test if I have symptoms of pregnancy	
Patient Signature	Date
Print Name	