 **Preparing for the insertion of an intrauterine system (hormone-releasing IUS) OR intrauterine device (copper IUD without hormones)**

We want to make your clinic visit as straightforward as possible and fit the IUS/IUD at a single appointment. Therefore it is important that you have read all the information and are suitable for the procedure on the day you come. You can also discuss other methods with us and ask any questions. **Please bring this form with you when you attend the clinic.**

Please tick the boxes to confirm that you have understood and agreed to the following:

* I have read the IUS/IUD leaflet [can be accessed on line [www.fpa.org.uk](http://www.fpa.org.uk) or seen the relevant information on the Unity Sexual health website; [www.unitysexualhealth.co.uk](http://www.unitysexualhealth.co.uk) , *or* I already have an IUS/IUD and am familiar with the method.
* I understand that it is not safe to insert an IUS/IUD if I might be pregnant:
	+ I am using an effective method of contraception and have NOT had any problems (e.g. burst condom, missed pills, coil/implant overdue for change).
	+ **OR** I have not had unprotected sex (or used withdrawal) since my last period.
	+ **OR** I don’t have regular periods and haven’t had unprotected sex in the last 3 weeks
* If I am having an IUS/IUD re-fitted I will make sure I have not had unprotected sex in the last 7 days.
* 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.
* I am not at risk of sexually transmitted infection (eg I do not have a new partner) or I have been tested recently for chlamydia / gonorrhoea.
* I understand that no method is 100% effective and that the IUS/IUD has a very small risk of failure (less than 1 in 100 chance of pregnancy).
* I understand that in the unlikely event a pregnancy occurs with an IUS/IUD in situ there is a risk that it may be an ectopic [outside the womb] pregnancy.
* I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion of the device.
* I understand that there is a 1 in 20 chance of the device falling out.
* I understand that the IUS/IUD will not protect against sexually transmitted infections and condoms in addition are recommended for this if for example I have a new partner.
* I understand that there is a small risk of infection (1 in 100) in the first few weeks following insertion of a device.

I request the following method: ( please tick only one option)

* IUS (= coil containing hormone) - I know that an IUS will make my periods much lighter but causes erratic bleeding and spotting in the first few months of use.
* Copper IUD (= coil without hormones) - I know that a copper IUD may make my periods heavier, longer and more painful.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_