 **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. Read the following carefully. We will be happy to answer any questions at your appointment. **Please bring this form with you when you attend the clinic.**

Please tick the boxes to confirm that you understand and agree 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* 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:

(tick only ONE option)

* + I am using an effective method of contraception **reliably** and have NOT had any problems (e.g. burst condom, missed pills, out of date coil/implant).
  + **OR** I am not using effective contraception but I have not had vaginal sex without a condom since my last period and my periods have been regular and normal
  + **OR** I don’t have regular periods and have not had unprotected sex in the last 3 weeks
* If I am having an IUS/IUD **removed and replaced** I will make sure I have not had unprotected sex in the last 7 days.
* I will make sure that I have breakfast/lunch on the day of the appointment. A painkiller can be taken around an hour in advance.
* I understand that no method of contraception 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 IUS/IUD.
* I understand that there is a 1 in 20 chance of the device falling out (explusion).
* I understand it is important to make sure I do not have a sexually transmitted infection (STI) at the time of my IUD/IUS fit. The health professional will offer me a test if there may be a risk.
* I understand that the IUS/IUD will not protect against STIs and condoms in addition are recommended 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 an IUS/IUD.

I request the following method: (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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_