 **Preparing for the insertion of an emergency copper intrauterine device (CU -IUD without hormones)**

Please read the following carefully. We will be happy to answer any questions at your appointment. **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 IUD leaflet [can be accessed on line https://www.sexwise.org.uk/contraception/long-acting-reversible-contraception-larc ]
* 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 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 IUD in situ there is a risk that it may be an ectopic [outside the womb] pregnancy.
* I agree to perform a pregnancy test 3 weeks after the unprotected sex if my perio is late or much lighter than usual
* I understand that there is a 1 in 1000 risk of perforation of the womb at the time of insertion of the IUD.
* I understand that there is a 1 in 20 chance of the device falling out (expulsion).
* I understand it is important to make sure I do not have a sexually transmitted infection (STI) at the time of my IUD fit. The health professional will offer me a test if there may be a risk.
* I understand that the 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 pelvic infection (1 in 100) in the first few weeks following insertion of an IUD.
* I understand that a copper IUD may make my periods heavier, longer and more painful.

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