

Intrauterine Device (IUD) Fitting: Self-Assessment and Consent Form

Please read and complete this self-assessment and consent form before attending your appointment. Remember to bring the completed form to your contraceptive implant appointment.

I have watched the recommended [video on IUD fitting](#).

I understand that an IUD (copper coil) does not contain hormones and prevents pregnancy using copper

I understand that an IUS (hormonal coil) releases the hormone progesterone and prevents pregnancy

I understand how long my IUD or IUS can stay in place and that I can have it removed at any time

I understand that my fertility should return quickly after it is removed

I understand that an IUD or IUS does not protect against sexually transmitted infections (STIs)

The fitting procedure. I understand:

- A device will be placed inside my womb through my vagina and cervix
- The fitting may be uncomfortable or painful
- I can ask to stop at any time
- I may have some period-like pain and bleeding or spotting after the fitting

My periods. I understand:

- An IUD (copper coil) can make periods heavier, longer or more painful.
- An IUS (hormonal coil) can cause irregular bleeding or spotting, especially during the first few months.
- An IUS (hormonal coil) may make my periods lighter or stop them altogether over time

Possible risks. I understand:

- There is a small risk of infection after an IUD or IUS is fitted
- The IUD or IUS can sometimes come out or move
- There is a small risk of damage to the womb during fitting
- There is a rare risk of an IUD or IUS failing to prevent pregnancy
- If I become pregnant with an IUD or IUS in place, there is a risk of an ectopic pregnancy.

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After my fitting, I understand:

- I may be shown how to check the threads of my IUD or IUS
- When my IUD or IUS will start protecting me against pregnancy and whether I need to use condoms or another form of contraception in the meantime
- Should contact My GP practice or seek urgent medical help if I have problems after the fitting

My consent

- I have read and understood this information
- I have had the opportunity to ask questions
- I understand that I can change my mind and choose not to have the IUD or IUS fitted

Patient Name (please print)

Patient Signature

Date of Birth

Date