



Informed Consent for Intrauterine Device (IUD)

Please read carefully and understand before signing. Initial where indicated.

- _____ I have read the information given to me about the IUD. I have discussed my concerns and questions.
- _____ I understand that the HealthPOiNT cannot guarantee the IUD to be 100% effective, but scientific studies have shown that less than 1 woman in 100 will become pregnant while using the IUD (ie. the IUD is more than 99% effective).
- _____ I have been instructed and understand how and when to check the placement of the IUD.
- _____ I understand that I should never try to remove my own IUD or have a friend or sex partner try to do so.
- _____ I have read and understand the most common side effects which include: mild to moderate pain when the IUD is put in; cramping or backache for a few days after the IUD is put in; spotting between periods for the first 3-6 months; irregular periods in the first 3-6 months with Mirena; or heavier periods and worse menstrual cramps with ParaGard.
- _____ I understand there are rare but serious risks associated with using the IUD, the most common of which are: developing Pelvic Inflammatory Disease (PID), the IUD slipping out of place (partially or entirely), and the IUD being inadvertently pushed through the wall of the uterus during insertion. I agree to tell my health care provider immediately if I:
 - find the length of string ends to be shorter/longer than they were at first, cannot feel the string ends, or feel the hard plastic bottom of the "T" part of the IUD against my cervix
 - think I might be pregnant
 - have periods that are much heavier than normal or last much longer than normal
 - severe abdominal cramping, pain, or tenderness in the abdomen
 - have pain or bleeding during sex
 - have unexplained fever and/or chills, or flu-like symptoms such as muscle aches or tiredness
 - have unusual vaginal discharge or unexplained vaginal bleeding
 - have a missed, late, or unusually light period
- _____ I understand that the risk of pregnancy while using the IUD is very low, but if the IUD slips out of place, pregnancy can happen. I understand the risks associated with becoming pregnant with an IUD in place.
- _____ I understand that the IUD will **NOT** protect me from sexually transmitted infections (STIs) such as HIV, Chlamydia, genital warts, gonorrhea, syphilis, etc. Further, I understand that because of the rare but serious risk of PID, it is especially important to protect myself against STIs while using the IUD.
- _____ I understand that I should not use an IUD if I:
 - have had a pelvic infection following either childbirth or an abortion in the past three months
 - have/may have a sexually transmitted infection (STI) or other pelvic infection
 - think I might be pregnant
 - have cancer of the uterus, or cervical cancer that hasn't been treated
 - have unexplained vaginal bleeding
 - have pelvic tuberculosis
 - have had a uterine perforation during past IUD insertion
 - have/may have an allergy to copper, or have Wilson's disease (ParaGard)
 - have severe liver disease, or have/may have breast cancer (Mirena)
- _____ I understand that while in place, ParaGard can prevent pregnancy for up to 10 years and Mirena can prevent pregnancy for up to 5 years. I understand that I may request that my health care provider remove the IUD at any time.
- _____ Other means of birth control have been explained to me as alternatives to the IUD.
- _____ In requesting the IUD, I hereby release BVCAA, inc./HealthPOiNT Clinics, including the attending clinician, the staff, and the assistants, from any responsibility for any conditions that may result from my using the IUD or from a resulting pregnancy.
- _____ I wish to use the IUD as a method of birth control and intend to return as instructed for follow-up, or sooner if problems develop.

Patient Name: _____ DOB: _____

Patient Signature: _____ Date: _____

Witness Name: _____

Witness Signature: _____ Date: _____

Revised: 04/15/2013

Approved: 07/28/2014