

**DEVON SEXUAL HEALTH**

**Consent to fitting of an Intrauterine Contraceptive Device (During COVID 19)**

Name; Date of Birth; Lilie number;

I AGREE TO THE FOLLOWING;

I have been counselled about the device and the fitting procedure.

I have been sent a leaflet about the IUD/IUS to read in my own time.

I understand that I can change my mind at any time.

I understand the risks associated with the fitting of an intrauterine device-

 Pelvic pain

 Pelvic infection

 Perforation (greater risk in breast feeding women)

Damage to the uterine wall and the device becoming embedded.

 Expulsion

 Pregnancy which may be an ectopic pregnancy

I am aware of possible changes to my periods following an IUD/IUS fit and possible hormonal affects of the IUS.

I have been told to check the position of the IUD/IUS and that I may be taught how to check for the threads myself if I wish to do so. I have been told when the device will need to be changed.

I confirm that I want to have a: 10 year copper IUD/5 year copper IUD/ Mirena IUS/ Kyleena IUS/ Jaydess IUS and will be informed if cannot be fitted for any reason.

Signed ......................................................................Date................................ (Valid for 3months)

Doctor Signature......................................................Date.................................

