

**DEVON SEXUAL HEALTH**

**Consent to fitting of an Intrauterine Contraceptive Device**

Name;

Date of Birth;

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/ Levosert IUS/ Kyleena IUS/ Jaydess IUS and will be informed if it cannot be fitted for any reason.

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

Clinician Signature.....Date.....