

Procedure: Insertion of IUD / IUS (where consciousness is not impaired)

Patient's surname:..... Patient's first names:

Date of Birth: NHS Number:

Address:

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure)

I have explained the procedure to the patient /parent. In particular, I have explained:

Benefits: Contraception.....

Risks: Failure, uterine or ectopic pregnancy
Period changes
Infection
Perforation, expulsion or displacement of device
Discomfort or difficulty on fitting device
Hormonal side effects
Vaso-vagal reaction

I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of those involved.

The following leaflet has been provided

Signed Date:

Name (print): Dr H Cole / Dr C Allen Job Title: GP

Statement of interpreter (where appropriate)

I have interpreted the information above to the patient / parent to the best of my ability and in a way in which I believe they can understand.

Signed Date

Name (print)

Statement of patient / person with parental responsibility to the patient

I agree to the procedure described above. **I understand** the procedure will / will not involve local anaesthesia.
I understand that you cannot give me a guarantee that a particular person will perform the procedure.
The person will, however, have appropriate experience.

Signed Date

Name (print) Relationship to patient.....

Confirmation of consent (to be completed by a health professional when the patient is admitted for the procedure, if the patient / parent has signed the form in advance)