Copper IUD Consent Form

Patient full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

I hereby consent to the insertion of a Copper Intrauterine Device (IUD) - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It has been explained to me and I understand that:

1. I cannot be pregnant at the time of insertion. If I am not sure I should tell the doctor.
2. The IUD is a very effective method of contraception, but nothing is infallible. The chance of falling pregnant with the IUD in place is around 1%.
3. The IUD prevents pregnancies but not sexually transmitted infections. Precautions against those are still necessary.
4. The IUD may change my bleeding pattern and it is common to experience frequent light bleeding for up to 3 or 4 months. After that, my periods may be somewhat heavier than usual.
5. It takes one week after insertion for the IUD to be effective.
6. The IUD needs to be replaced with a new one after 5 years.
7. The risks associated with the procedure for insertion include:

* inability to insert the IUD due to technical difficulties
* pain and/or discomfort during the procedure
* perforation of the wall of the uterus
* vasovagal reaction (feeling faint, dizzy, muscle spasms)

1. The risks and complications once the IUD is inserted include:

* irregular bleeding
* IUD expulsion
* failure to prevent pregnancy
* infection

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| --- | --- |
| Patient’s Signature |  |
| Date | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Doctor’s Name |  |
| Doctor’s Signature |  |
| Date | \_\_\_\_/\_\_\_\_/\_\_\_\_ |