

SunMed Skin & Medical IUD/Mirena Insertion Consent Form

Patient Only

Note: Fill out the form with your full legal name, sign it, and date it.

I, _____, acknowledge that I have been provided with and understand the following information about IUD/Mirena Insertion.

I have discussed the benefits, risks and side effects of using copper bearing IUDs and Progesterone releasing IUDs (Mirena) with Dr Majid Alinia.

The nature of the insertion procedure has been fully explained to me and I have read the brochure and information given regarding this contraceptive method. I have been given information on and have chosen to have a device inserted today.

I understand that the insertion of an IUD carries with it such risks as"

- Failure of the IUD to prevent pregnancy
- Expulsion (pushing out) of the IUD (5%; 1 in 20)
- Pelvic infection (infection of the uterus and tubes) (1 in 500)
- Perforation (damage to the walls) of the uterus by the IUD (2 in 1000)
- Disturbances of the menstrual cycle (periods)
- Possible fainting episode with insertion

I understand the importance of excluding the possibility that I am already pregnant when the device is inserted. I have accurately reported to the doctor that the first day of my most recent period is and/or given the doctor accurate information about recent contraception and/or sexual activity to ensure appropriate timing of insertion.

I am aware that I must not drive a motor vehicle for at least 2 hours after the procedure is completed.



I am aware of the ongoing care I will need to take while using the IUD including the importance of coming back to the clinic in 2-3 weeks after insertion. I am aware that it is my responsibility to arrange and attend this follow up appointment.

I understand that the IUD must be removed within 5 years, since leaving it in place for longer will increase the chances of a pregnancy occurring. I am aware that it is my responsibility to arrange removal no later than .

I have been advised that I need to use additional contraception for 7 days after the insertion.

I understand the need to provide the practice with emergency contact as I am undergoing a procedure.

Emergency contact details:

Emergency contact:

Phone number:

I, _____

Consent to the insertion of an IUD and to the use of local anaesthetic to reduce discomfort (if required).

I have initialled all of the above and by doing so acknowledge that these have been understood by me.

Signature: _____

Date: _____



Doctors/Practitioners Only

I _____ have given the client an opportunity to ask questions, ensuring a thorough understanding of all the provided information. To the best of my assessment, the client is capable of giving consent and has enough information to make an informed decision about whether to proceed with the IUD/Mirena Insertion

Signature: _____

Date: _____

