

Intrauterine device/system

Patient post-insertion checklist

Personal details

Title First name Surname

Date of birth Medical record number Date

This checklist assists patients to ensure they are adequately informed about side effects, required follow-up and how to take care of themselves after an intrauterine device (IUD) or intrauterine system (IUS) insertion. It has been designed so it can be signed by the GP and patient and used as a record of the process and discussions that have taken place. However, it is not a requirement to use the form for this purpose and GPs may wish to record consent in other ways.

Post-insertion

My doctor has given me written instructions and the consumer medical information for _____ (insert name of device used).

My doctor has told me that the device must be checked in _____ weeks.

My doctor has advised that I must seek medical attention if I:

- have severe stomach pain and/or cramps
- develop a fever or chills
- have very heavy bleeding
- suffer unusual vaginal discharge or odour
- believe my IUD/IUS is not in the right place, am unable to feel the string or am concerned that it has been pushed out
- get pregnant.

My doctor has told me I must have my IUD/IUS removed or replaced by _____

I understand that I should not place anything in my vagina for the next 48 hours to reduce infection risk.

My doctor has told me I may ask to have my IUD/IUS removed at any time, but to avoid unwanted pregnancy this requires careful timing.

I should contact my inserting doctor if I have any concerns or questions.

Confirmation (optional)

By ticking the above items, I acknowledge that my doctor has provided me with all the information I need at this time about taking care of myself after the insertion procedure.

I will contact my doctor if I have any concerns or questions.

Patient signature Date