

GLASS STREET MEDICAL CLINIC

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IUD INSERTION CONSENT FORM

I hereby consent to the insertion of an intrauterine device.

It has been explained to me & 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 change of falling pregnant with an IUD in place is ~1%.
3. The IUD prevents pregnancies but not sexually transmitted infections. Precautions against those are still necessary.
4. The IUD will change my bleeding pattern & it's common to experience frequent light bleeding for up to 3 to 4 mths (Mirena IUD).
5. It takes up to 1 week after insertion, for the IUD to be effective.
6. The IUD needs to be replaced every 5 years.
7. The risks associated with the insertion procedure include:
 - inability to insert the IUD due to technical difficulties
 - pain &/or discomfort during the procedure
 - perforation of the uterus wall
 - vasovagal reaction (feeling faint, dizzy, muscle spasm)
8. Risks & complications associated once the IUD is inserted include:
 - irregular bleeding
 - hormonal side effects e.g. mood swings
 - skin changes
 - IUD expulsion
 - failure to prevent pregnancy
 - infection
9. The associated out of pocket expenses.

Patient or Guardian Signature:

Doctor Signature:

Nurse Signature:



**Accredited
General Practice**