



# Counselling Form—IUCD

Name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

GP: \_\_\_\_\_

Current Contraception: \_\_\_\_\_ LMP: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last sexual intercourse: \_\_\_\_\_

Obstetric History: Pregnancies: \_\_\_\_\_ Mode of Delivery: \_\_\_\_\_

Any ectopic \_\_\_\_\_

Gynae History: Previous pelvic inf: \_\_\_\_\_

Surgery to cx: \_\_\_\_\_

Last smear: \_\_\_\_\_

Irregular PV bleeding: \_\_\_\_\_

Medical History: Acute Liver Disease: \_\_\_\_\_ Breast Cancer: \_\_\_\_\_

Mode of action discussed: \_\_\_\_\_

## Discuss Risks / S/E :

- Irregular Bleeding
- Failure of insertion
- Failure rate 1/1000
- Expulsion
- Perforation
- Risk of ectopic
- Infection
- Pelvic pain

STI Risk: Discussed: Assessed:

Swabs Taken Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Chlamydia: Other:

Leaflet Given: Yes No

Consent for fitting: Date:

