|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I have watched the CNWL video on Intrauterine contraception | 🞏 | 🞏 |
| I have read **all** the information on the website regarding a replacement or fitting of intrauterine contraceptive device (IUC). **The coil will not be fitted on the day if you haven’t read all the information.**  | 🞏 | 🞏 |
| I will complete a **sexual health test prior to insertion** see information below **(this applies even if you are in a long-term relationship).**  | 🞏 | 🞏 |
| I understand the Mirena coil now lasts for **8 years** for contraception (5 years for HRT).I understand if the copper IUD **is inserted after the age of 40**, it can be left in place until after the menopause. | 🞏 | 🞏 |
| I understand it is advised to eat something and take **1g paracetamol and/or 400mg ibuprofen prior to insertion.** | 🞏 | 🞏 |
| I have watched and understood the 4 risks discussed in the CNWL video (perforation, infection, expulsion and ectopic). | 🞏 | 🞏 |
| If having the copper IUD:I understand that the copper IUD may make my periods heavier, longer and/or more painful (if you have a metal allergy, please call to discuss) | 🞏 | 🞏 |
| If having the hormone IUD:I understand that this may cause:* irregular bleeding or spotting for a few months after which lighter or no periods is common
* some hormonal side effects, particularly in the first few months of use
 | 🞏 | 🞏 |
| I understand that it is not safe to insert an intrauterine contraception if there is a risk of pregnancy. | 🞏 | 🞏 |
| I am not at risk of pregnancy because: |  |  |
| I am using a hormonal method of contraception correctly. E.g. Pills, Patch, Ring, Depo (last injection within 12 weeks) and implant (fitted in the last 3 years). | 🞏 | 🞏 |
| **or** |  |  |
| I have not had vaginal sex since the first day of my last period. **(including sex with condoms)** | 🞏 | 🞏 |
| **and** |  |  |
| I have a regular cycle; my last 3 periods have been normal, and I have not had a miscarriage or a termination recently. | 🞏 | 🞏 |
| **and** |  |  |
| I have not taken emergency contraception in the last 8 weeks. | 🞏 | 🞏 |
| **or** |  |  |
| I have not had vaginal sex for at least 3 weeks **(including sex with condoms)** | 🞏 | 🞏 |
| **or** |  |  |
| I have an IUD, it is in date and I will abstain **for 7 days** before my appointment. | 🞏 | 🞏 |
| Signature Name Date  |

**Please order a home testing kit from** [Sexual Health London • SHL.UK](https://www.shl.uk/) **and complete prior to insertion. Surrey County Council residents please order a home testing kit from www.sexualhealth.cnwl.nhs.uk/order-form/**

**Please attend the appointment alone (we do not have childcare facilities).**