

Oak Bay Medical Centre Mirena IUS Intake Form

Reason for selecting IUD: contraception bleeding other _____

Current contraception (this month): _____

Have you had an IUD before? no yes

Health History:

Last menstrual period nowor when? _____

Last STI (sexual infection) test? _____

Vaginal births: noneor when? _____(year)

C-sections: noneor when? _____(year)

Allergies: _____ Medications: _____

Other female health issues or health concerns: _____

e.g. do you faint easily? _____

Consent and agreement:

I have read the **MIRENA** information sheet

I am on my period now, or on a reliable method of birth control. **There is no way I could have got pregnant in the last 2 weeks.**

I realize that I may spot/bleed on and off for 4-6 months

I am aware that there is a very small risk of complications (infection in the first few weeks 1-2:100, expulsion or falling out 1-5:100, and perforation during the insertion 1: 1000) and will call the clinic if I'm concerned.

It is my own decision to have an IUD today

Patient Signature: _____ **Date:** _____