CONSENT FOR INTRAUTERINE DEVICE (IUD) INSERTION/REMOVAL

This document is a digitally accessible version of the (Print Only) Family Planning Consent Form (FP2) for IUD Insertion and/or Removal.

Consent for the Insertion of the IUD

I have requested and received information on the Intrauterine Device (IUD) and have chosen to use this method of contraception. I have been counseled on the advantages and disadvantages of the IUD method and have read the Kentucky Family Planning Guide as well as the manufacturer's patient information insert. I understand that an IUD does not protect me from HIV or any sexually transmitted infection. I understand the possible risks of IUD placement include infection, bleeding, allergic reaction, perforation of the uterus, or expulsion of the IUD. I had an opportunity to ask the healthcare provider questions and am satisfied with the answers to my questions.

I hereby consent to the insertion of the IUD and understand that it is effective until (expected date of removal) at which time I must have it removed.

Consent for the Removal of the IUD

I have asked to have my IUD removed and understand that the procedure is best done during my menstrual period. I am aware that once the IUD is removed, I will need another method of contraception unless I am planning a pregnancy. The risks of IUD removal may include the possibility of pregnancy if intercourse occurred in the last seven days prior to IUD removal; vaginal bleeding; or having an embedded IUD, which may result in additional diagnostic tests or removal at another facility. I had the opportunity to ask the healthcare provider questions and am satisfied with the answers to my questions.

I consent to the removal of the IUD.

Translator or Interpreter

I have provided an accurate translation of this information to the patient whose signature appears above. She stated that she understands the information, was given the opportunity to have her questions answered and is satisfied with the answers to her questions.