

**LEVONORGESTREL (LNg) INTRAUTERINE DEVICE (IUD)
Consent Form**

BENEFITS: I am voluntarily choosing to use a Levonorgestrel (Mirena or Liletta) intrauterine device (LNg IUD) as a method of family planning. I am aware that LNg IUD is very effective with 1 out of 100 women getting pregnant while using this method.

RISKS: I realize that I should not use the IUD if I have any of the following conditions, which **I do not have:** a distorted uterine cavity, pregnancy, current chlamydial or gonococcal infection, pelvic tuberculosis, unexplained vaginal bleeding, or active breast, cervical, uterine or endometrial cancer ____ (client initials). I am aware that while using LNg IUD as a method of family planning, I may have the following side effects: changes in menstrual periods especially in the first 6 months, which may include higher number of bleeding or spotting days; cramping during or after insertion of the system; and/or increased chance of benign cysts on ovary, which do not require treatment or removal of the LNg IUD. I understand that I may be responsible for any cost related to complications resulting from using the method I choose.

I understand that LNg IUD does not protect against HIV and other sexually transmitted infections. I understand that I should use condoms consistently and correctly if there is any chance that I am infected or that I am having intercourse with someone who is infected.

IUDs may be associated with infections of the uterus or tubes. In addition, I have been told that IUDs may be associated with serious rare complications such as puncturing the uterus (less than 1 in a 1000). Infection can be more serious if I am pregnant, and I know I should seek medical attention immediately if I think I am pregnant. If a pregnancy occurs when you have an IUD in place, there is a higher risk of tubal pregnancy or miscarriage.

I have been told that to lessen the chance of serious complications from my LNg IUD, it is my responsibility to return to a clinic, a doctor or a hospital emergency room if I start having any of the following symptoms:

- Pregnancy symptoms
- Abdominal pain
- Increased temperature, fever, chills
- Unusual or abnormal vaginal discharge
- Cannot feel IUD string, or notice greatly increased or decreased string length
- Can feel the plastic part
- See or feel that the IUD has come out
- Spotting, bleeding, heavy periods, clots
- Develop severe or migraine headaches.

ALTERNATIVES: Other means of birth control have been explained to me.

DECISION TO DISCONTINUE IUD: I have been told that I may have the IUD removed if I want it removed without losing benefits under any government program. I understand that a woman is most likely to get pregnant if she and her partner do not use any birth control method. The health risks from pregnancy are greater than the health risks of using any birth control method.

INSTRUCTIONS: Instructions for using the IUD have been given to me and I have been given the patient labeling information. I understand how the IUD is inserted. I have been taught how to check for the strings of my IUD. I have been given manufacturers information about the IUD and I will read it.

QUESTIONS: I have been given the chance to ask questions about the LNg IUD and about the consent form.

(Check whichever applies, and sign below)

___ I am voluntarily requesting the insertion of LNg IUD.

___ I am voluntarily requesting the removal of LNg IUD.

Client name: _____ Date of birth: _____ Client signature: _____

Counselor signature: _____ Date: _____

Clinician Signature: _____ Date: _____