

Name	
DOB	
Is this for?:-	<p>Mirena? <input type="checkbox"/> or Copper <input type="checkbox"/>?</p> <p>Removal and Insertion? <input type="checkbox"/></p> <p>Insertion only? <input type="checkbox"/></p>

There are very few people for whom intra uterine contraception is not suitable but prior to fitting some do need further investigations.

To try to save you time by avoiding unnecessary appointments we are using this questionnaire.

Please read the information leaflet sent with this questionnaire. If you wish to discuss your contraceptive choices further please do make an appointment with your own doctor.

1. Regarding your periods (n.b. "bleeding" includes brown discharge):	
a. Do you have any bleeding in between your periods?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
b. Do you bleed after sex?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
c. Have your periods recently changed to become much heavier than usual, passing clots or flooding through towels/tampons?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
If you answered YES please book an appointment with a doctor to discuss this unless you have already done so and had investigations. We cannot insert IUC in ladies who have unexplained vaginal bleeding as it could mask serious causes that need treatment.	
2. Are you known to have a large/ multiple fibroids or a uterus that is not the usual shape (e.g. septate uterus)?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
3. Have you had problems with coil fitting in the past?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
4. Do you have or have you finished treatment for: Breast / Ovarian / Cervical or Uterine Cancer? If yes, please give details:	YES <input type="checkbox"/> / NO <input type="checkbox"/>

If yes please discuss with GP whether you are able to have IUC. It is likely that the copper (non-hormonal IUD) will be your best option.

5. Are you breastfeeding	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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6. Have you had a C section in the last 6 months?	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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There is a 2/1000 risk of perforation of the uterus when we insert the IUC. Those who are breast feeding or have given birth, especially via C section in the last 6 months are at a much higher risk of perforation (increased 6 times) because the uterus is much softer. This risk does not stop us inserting the IUC. We therefore prefer to wait for 3-4 months until we fit it.

7. There is a small risk that when we insert the IUC, if you have an infection in the vagina, it is pushed up into the uterus. To further reduce that risk we test any lady who doesn't have symptoms but might be at risk of a sexually transmitted infection (STI) for chlamydia and gonorrhoea.

The British Society of Sexual Health has produced guidelines to help identify those who may be at higher risk of STI. This is not a judgement of lifestyle but a means to help protect you from the consequences of infection. Apart from the risk of introducing infection when it is fitted, once in, your risks of pelvic infection with an IUC are no greater than if you didn't have one.

Do any of the below apply to you?

a. Sexually active and aged <25 years	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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b. Had a new sexual partner in the last 3 months	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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c. Had more than one sexual partner in the last year	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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d. A regular sexual partner who has other sexual partners	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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e. A history of STI or a recent contact of someone with an STI	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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f. Using recreational drugs or using alcohol to excess	YES <input type="checkbox"/> / NO <input type="checkbox"/>
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If you answer yes to any of these questions please book an appointment with the nurse or GP for a sexual health screen. This will include a vaginal swab for gonorrhoea & chlamydia.

If you have any symptoms of pelvic/vaginal infection (new/smelly/coloured discharge; pelvic pain; bleeding after sex or between periods) then please book for swabs with the nurse or GP. Common infections found in women include thrush and bacterial vaginosis. These are not sexually transmitted infections and are due to a change in the normal numbers of friendly bacteria/ organisms that live in your vagina. Sometimes we find a bacteria called "Group B Streptococcus". This is not sexually transmitted and is a bacteria that some women carry. It is only significant during labour does not normally cause problems. It tends to recur so is not treated.

If any of the above questions have raised concerns for you then please do book for a chat with your GP. Some people might be worried about having an IUC inserted after reading the risks in black and white above. It is important to remember that the risks are very uncommon and the benefits of contraception that can be fit and then forgotten about for 5-10 years are many. For many women, avoiding the reliance on higher dose hormone contraception or the benefits for control of periods with the mirena far outweigh any risks.

The above questions are simply a way of ensuring that when we fit the IUC we ensure that we do so in a way that is safest for you and happy in the knowledge that it is the best option for you.

Please return this questionnaire. You will be placed onto the list for an IUC insertion once you have returned this questionnaire and will be contacted with an appointment.

If you wish to change or cancel this appointment please do so in good time by calling the surgery and speaking to reception. An appointment for an IUC insertion is 20 minutes with both a doctor and an assistant which is equivalent to 2 normal appointments.

Signed	
Date	

Please return your completed form to:

Richmond Surgery, Richmond Close, Fleet, Hampshire GU52 7US