

**HEALTH QUARTERS**



**CONSENT FOR MIRENA IUD**

Please put your initials next to each statement you agree with, after asking any questions you may have.

\_\_\_\_\_ I understand that a Mirena IUD will be inserted into my uterus to prevent pregnancy for up to 5 years.

\_\_\_\_\_ I understand that when the IUD is inserted I will feel some cramping and may have some bleeding. The discomfort may continue after insertion. I may have bleeding, spotting, or no periods at all while using this IUD.

\_\_\_\_\_ I understand that it is uncommon for the IUD to be inserted into or through the wall of the uterus, but that it may occur. I would then need surgery to remove it.

\_\_\_\_\_ I understand that my uterus may expel the IUD and that I should check for the strings on a monthly basis to be sure the IUD is in place.

\_\_\_\_\_ I understand that the Mirena does not protect me from getting HIV or any other sexually transmitted infection and that I will need to use a condom if I feel I am at risk.

\_\_\_\_\_ I understand that pregnancy is rare when the Mirena is in place. If I should become pregnant, it is more likely to be outside of the uterus. There may be serious risks with a pregnancy that occurs in the uterus or outside the uterus and I would need to get medical care as soon as possible.

\_\_\_\_\_ I have been given information on follow-up care and have been told when the IUD should be removed.

\_\_\_\_\_ I understand that the IUD can be removed by a medical provider at any time I want it removed.

Someone talked with me and gave me written information about the Mirena. I understand that information and choose to use this method of birth control.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness \_\_\_\_\_ Date \_\_\_\_\_

As the parent/guardian of \_\_\_\_\_, I give my permission for the insertion of a Mirena intrauterine device.

Signature \_\_\_\_\_ Date \_\_\_\_\_