

HEALTH QUARTERS
CONSENT FOR PARAGARD IUD



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

_____ I understand that a ParaGard IUD will be inserted into my uterus to prevent pregnancy for up to 10 years.

_____ I understand that when the IUD is inserted I will feel some cramping and may have some bleeding. The discomfort and bleeding or spotting may persist after insertion.

_____ 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 after each period to be sure the IUD is in place.

_____ I understand that ParaGard does not protect me from 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 when I have a ParaGard in place, my chance of a pregnancy is less than 1 in 100. If I should become pregnant, it more likely to be outside of the uterus. There may be serious risks whether the pregnancy 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 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 ParaGard. 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 ParaGard intrauterine device.

Signature _____ Date _____