

Beaconsfield Medical Practice IUS/IUD Insertion Consent Form

Statement of health professional (to be filled in by health professional with appropriate knowledge of proposed procedure)

I have explained the procedure of IUS/IUD insertion to the patient. In particular I have explained the intended benefits and potential risks (including expulsion, infection and perforation).

I have also discussed what the procedure is likely to involve, the benefits and risks of alternative treatments (including no treatment) and any particular concerns of this patient.

The patient has read the IUCD information leaflet Yes No

This procedure may involve local anaesthesia

I have confirmed with the patient that she has no further questions and wishes to proceed with IUS/IUS insertion

Signed _____

Date _____

Name (Print) _____

Job Title _____

To be completed by the patient

Please read this consent form carefully. If you have any further questions, do ask. We are here to help you. You have the right to change your mind even after you have signed this form.

I agree to have an IUS/IUD fitted. I have received written information about the procedure including benefits and potential risks. I am aware what the procedure involves. I understand that any procedure in addition to the one described on this form will only be carried out if necessary in my best interests and justified for medical reasons.

Signed _____

Date _____

Name (Print) _____