

Pre Intra Uterine Contraception (IUC) Questionnaire

If you have booked an appointment for a coil insertion it is essential that we have this form completed and returned **AT LEAST 3 WEEKS** before your appointment.

Please read the following information carefully and complete the answers to the best of your knowledge.

As with all your medical information any details given will be treated in the strictest of confidence.

NAME: _____

DOB..../..../.....

Date of Appt for Coil Fitting: __/___/_____

Please Circle Below:

Is this for: -

MIRENA Insertion

COPPER coil Insertion

Mirena Removal & Insertion

Copper Coil Removal & Insertion

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

1. Regarding your periods (n.b, "bleeding" includes brown discharge):

- a. Do you have any bleeding in between your periods? Y/N
- b. Do you bleed after sex? Y/N
- c. Have your periods recently changed to become much heavier than usual, passing clots or flooding through towels/tampons Y/N

If you answered YES to any of the above 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)?** Y / N.
3. There is a small risk that when we insert the coil, if you have an infection in the vagina, that it can be pushed up into the womb.
 - 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.
 - This is not a judgement of lifestyle but a means to help protect you from the consequences of infection.

If you answer **YES** to any of the questions below, then you need to have a test to check for gonorrhoea or chlamydia and have the results **AT LEAST** a week before your coil fit appointment.

Please circle

Do any of the below apply to you?

- | | |
|--|-------|
| a. Sexually active and aged <25 years | Y / N |
| b. Had a new sexual partner in the last 3 months | Y / N |
| c. Had more than one sexual partner in the last year | Y / N |
| d. A regular sexual partner who has other sexual partners | Y / N |
| e. A history of STI or a recent contact of someone with an STI | Y / N |
| f. Using recreational drugs or using alcohol to excess | Y / N |

If you are under 25 and a resident in Surrey then you can order one of our self-taken test kits for Chlamydia and Gonorrhoea. You can order a free STI testing kit by texting the word REACH followed by your full name and address to 80010.

If you are over 25 and have answered yes to any of the above questions please book an appointment with the practice nurse to have swabs done at least TWO WEEKS before your coil fitting appointment.

Contraception prior to a coil fit:

Ideally we prefer to fit your coil when you are menstruating as the neck of the womb is slightly more open and we can be sure that you are not pregnant.

If you wish to have a coil fitted at any other time in your cycle please refrain from intercourse from the 1st day of your last period unless you have a coil or implant in place which is in date or are taking the contraceptive pill with **NO MISSED PILLS.**

Using condoms **IS NOT** considered to offer enough protection from pregnancy prior to a coil fit.

In addition, if you are booking a **coil removal & insertion please abstain for 7 days before the procedure** as if we are unable to refit the coil after removing the previous one there is a slight risk of introducing sperm into the uterus which could result in an unwanted pregnancy.

The above information is correct at the time of signing to the best of my knowledge:

Signed:

Print Name:

Date:

Once you have completed this form please return to Park House Surgery at least 3 weeks before your booked appointment, failure to do so may mean we have to delay your appointment.