

Oak Bay Medical Centre Copper IUD Intake Form

Current contraception (this month): _____

Have you had an IUD before? yes no

Health History:

Last menstrual period: now....or when? _____

Have you had an STI (sexual infections) test in the last month? yes no

Have you had any vaginal births: none or when? _____

C-sections: none or when? _____

Allergies: _____ Medications: _____

Other female health issues or general health concerns:

e.g- do you faint easily? _____

Consent and agreement:

I have read the **COPPER IUD** information sheet

I realize that I may get heavier and/or longer periods with this method

I am aware that there is a very small risk of complications (infection in the first few weeks 1-2:100, expulsion or falling out 1-5:100, and perforation during the insertion 1: 1000) and will call the clinic if I'm concerned.

It is my own decision to have an IUD today

Patient Signature: _____ **Date:** _____