

CONSENT FOR PARAGARD® INTRAUTERINE DEVICE

I, (print or type name) _____, request ParaGard® T 380A Intrauterine Copper Contraceptive (IUD) as my family planning method.

I have received “Information for Patients” in the Patient Package Insert for the ParaGard IUD that has information about the benefits and risks of using this IUD.

I understand that no birth control method is perfect and that some women have gotten pregnant while using the IUD (less than 1 in 100 women during the first year of use).

I understand the IUD will not protect me from sexually transmitted infections and that I need to use condoms for protection from these infections.

I understand that the ParaGard IUD is good for 10 years of use.

I understand that it is important to tell my health care provider if I have ever had any of the following conditions before using the ParaGard IUD:

- Might be pregnant now
- Uterus with abnormal shape
- Previous surgery of the uterus
- Cancer of the uterus or cervix
- Unexplained vaginal bleeding
- An infection in the uterus after pregnancy or abortion in the last 3 months
- A pelvic infection called PID, an infection of the uterus, tubes, and ovaries
- An infection of the cervix
- A new sex partner in the last 3 months
- Multiple partners in the last year
- A partner who is having sex with other people
- Other high-risk behavior for sexually transmitted diseases
- Wilson’s disease (a disorder in how the body handles copper)
- Allergy to copper

I understand that side effects sometimes associated with the ParaGard IUD include:

- Heavier or longer periods
- Spotting between periods
- Menstrual cramps
- Anemia
- Back pain
- Pain during sex
- Vaginal discharge
- Faintness
- Pain

I understand that rare but more serious side effects associated with the ParaGard IUD include:

- Pelvic inflammatory disease (PID), most likely to occur in the first 20 days after IUD insertion, or if you or your partner get a sexually transmitted disease
- Perforation of the uterus (the IUD goes through the uterus wall)
- Expulsion (the IUD may partially or completely fall out of the uterus)

I understand that I should contact a health care provider if I have any of the following:

- Miss a period or think that I might be pregnant
- Pelvic pain or pain during sex
- Unusual vaginal discharge
- Unexplained fever and/or chills
- Might be exposed to a sexually transmitted disease
- Can no longer feel the IUD string
- Severe or prolonged vaginal bleeding

I have had a chance to ask questions and have had my questions answered.

Date: _____ Client Signature: _____

If translation of CONSENT FOR PARAGARD® INTRAUTERINE DEVICE was required:

- A translator was offered to the client. yes no
- The client chose to use her own translator. yes no
- This form has been orally translated to the client in the client's spoken language.
- Language translated: _____
- Translation provided by: _____
(print or type name of translator)
- Translator employed by, or relationship to the client: _____
- Date: _____ Translator Signature: _____

- The client has read this form or had it read to her by a translator or other person.
- The client states that she understands this information.
- The client has indicated that she has no further questions.

Date: _____ Staff Signature: _____

Clinician Signature: _____