

FAMILY PLANNING IUC
INSERTION RECORD

Name _____

Age _____ Date of Birth _____

Allergies _____

G _____ T _____ P _____ A _____ L _____

Current Method of Contraception _____

Current Medications _____

LNMP _____ Last sexual intercourse _____

History

Confirmed or suspected pregnancy yes no

Multiple sexual partners in the past 3 months yes no

Known or suspected cervical or uterine malignancy yes no

Acute cervicitis (current or within the past 3 months) yes no

Pelvic inflammatory disease (current or within the past 3 months) yes no

Sexually transmitted infection (current or within the past 3 months) yes no

Postpartum endometritis (current or within the past 3 months) yes no

Postabortion endometritis (current or within the past 3 months) yes no

Severe dysmenorrhea yes no

Hypermenorrhea yes no

Allergy or hypersensitivity to iodine yes no

Allergy or hypersensitivity to copper or history of Wilson's disease yes no

Undiagnosed abnormal vaginal bleeding yes no

History of Cesarean section(s) yes no

History of cervix treatment (cone, LEEP, cryo) yes no

Uterine fibroids that may interfere with IUC placement yes no

Uterine distortion (congenital or acquired) yes no

Current thromboembolic disease or history thereof yes no

Known or suspected breast cancer or history thereof yes no

Cerebrovascular or coronary artery disease or history thereof yes no

Hepatic disease (tumors, hepatitis, cirrhosis) yes no

Signs or symptoms of anemia yes no

If yes, hgb/hct _____

Comments _____

BP _____

Urine Pregnancy Test pos neg

Date _____ Interpreter Name _____

Staff Signature _____

**FAMILY PLANNING IUC
INSERTION RECORD**

Name _____

Clinician Comments _____

Assessment IUC candidate yes no

Consent signed yes no

IUC Insertion

Pelvic examination

- Vulva normal _____
- Vagina normal _____
- Cervix normal _____
- Uterus normal _____
 anteflexed axial retroflexed
- Adnexa normal _____

IUC name ParaGard® Mirena® Lot # _____ Exp. Date _____

Cervical prep antiseptic iodine none other _____

Anesthetic yes no

If yes, describe _____

Tenaculum for cervical traction yes no

Uterus sounded _____ cm/inches

IUC inserted per product directions yes no

If no, explain _____

Difficulty with IUC insertion yes no

If yes, specify _____

IUC string cut to _____ cm/inches

Bleeding at tenaculum site yes no

If yes, action taken

- Pressure only
- Silver nitrate applied
- Monsel's solution applied
- Other _____

If IUC not inserted:

- Condoms offered given
- Oral contraceptive initiated (brand name) _____
of cycles _____ start date _____
- Other method of contraception initiated/continued/restarted _____

Return Visit _____ **Interpreter Name** _____

Date _____ **Chaperone Signature** _____

Clinician Signature _____