

Patient Name

Past History

How many pregnancies have you had?

Have you had any pelvic/ gynecological or breast surgery?

Do you have any medical issues? If so please list including date:

Do you take any medications? If so please list including dose:

Have you had any surgeries?

Menstrual history

When did you start getting periods?

Are your periods regular?

How often do you get a period?

Do you get bleeding between periods or after sex?

If you are no longer having periods when did they stop?

Have you had any bleeding since stopping?

Contraceptive history

Have you been or are you on birth control? If yes, which ones?

Have you ever had a blood clot, migraine, liver disease, heart disease, abnormal vaginal bleeding? If so please provide details and dates

Screening

When was your last pap and was it normal?

When was your last mammogram and was it normal?

Are you having any of the following:

Hot flashes?

Night sweats?

Vaginal dryness, discomfort or irritation?

Frequent urinary tract infections?

Pain / discomfort with sex?

Changes in your mood like anxiety, short fuse, depression?

Trouble sleeping that is new and due to being hot?

New aches or pains in your hands and/or feet?

Do you have any urinary incontinence?

Are you active?

What is your diet like (please detail an average day)

Hormone Therapy

Are you taking hormone therapy or have you in the past?

Have you ever had a sexually transmitted infection and if so which and was it treated?

Family History

Please share any medical issues any of the following relatives have had Mother, Father, Siblings, Children, Grandma (Maternal), Grandpa (Maternal), Grandma (Paternal) & Grandpa (Paternal)

In your family has anyone had:

Diabetes?

High blood pressure?

A heart attack or stroke?

Breast cancer?

Osteoporosis?

Other?

Social

Do you smoke and if yes how many cigarettes a day? And if yes tobacco or Marijuana?

Do you have any allergy to medications? If so which ones?

How many drinks per week do you consume? (Alcohol)

If this visit is for IUD please read the following and we can talk about any questions you have at your appointment

Intrauterine Contraception offers convenient, highly effective cost effective contraception. IUDs are commonly used globally.

CONSIDERATIONS:

ECTOPIC PREGNANCY

There is evidence showing no impact and showing slightly increased risk of ectopic pregnancy

NO PREVIOUS PREGNANCY

Although previous pregnancy promotes the success of an IUD, the benefits of the IUD outweigh the risks in women who have not had a previous pregnancy

CANCER

In early research the IUS may have positive effects regarding protection against endometrial cancer; there is no impact on cervical cancer by the copper IUD or IUS

DISEASE PREVENTION

The IUS reduces heavy menstrual bleeding however insertions have slightly higher complication rates

CRAMPING / PAIN

It is recommended to take NSAIDS in advance of the procedure to decrease procedural discomfort; copper IUDs will increase cramping with one's periods

BLEEDING

Irregular bleeding is common post insertion for 3-6 months

EXPULSION

Between 2-10% of all IUDs will expel from the uterus ; if this occurs the risk of a second expulsion is 30%; Impacting factors include heavy bleeding, nulliparity, and cramping

INFECTION

There is a low risk of infection; There is no way of completing a strict septic procedure as endocervical bacteria routinely enter the endometrial cavity and this cervical bacteria may lead to infections in the uterus regardless of the use of an IUD. There is no need for routine use of antibiotics as 1/1000 will develop a pelvic infection in the first 21 days of use of the IUD. Swabs are routinely done at the time of insertion. Patients are advised to report any post insertion discharge, odors or fever/chills.

PERFORATION

<1% of insertions may involve a perforation which may less commonly lead to surgical retrieval of the IUD.

STRINGS

These are in place for checking and removing the IUD; they can migrate in to the cervical canal at times

BACK UP CONTRACEPTION

Please use for 4-6 weeks post insertion

APPROX FAILURE

0.1% -0.7% Mirena; 0.3% Jaydess; 0.6-0.8% copper

PRE-INSERTION

A pregnancy test will be done prior to the insertion so please attend with a full bladder; please refrain from intercourse for 7 days prior to insertion; please remain on contraception in advance of insertion.

VASOVAGAL

Some women feel light headed and may vomit or faint due to the insertion; if this has ever happened in the past inform the physician.

COST

IUDs range from 0-\$500

DIVA CUPS And TAMPONS

Please avoid diva cups but tampons are Ok