ASSESSMENT FOR INTRAUTERINE CONTRACEPTION EXCHANGE



Intra Uterine Contraception (IUC) is very safe and very effective contraception. The IUS (Mirena) also reduces heavy menstrual blood flow and can be used as a component of HRT (hormone replacement therapy).

In order that we offer the best and safest service and to ensure our appointments are used optimally, please fill in the questionnaire below. **Email completed form to: mtw-tr.coilassessmentdoc@nhs.net**

Once you have returned the form, one of our staff will be in touch within 14 days to book your IUC exchange appointment. Please contact us via the email above if you don't hear anything within 14 days of submitting your form.

Full Name:		DOB:	Age:
Phone number:	(mobile)	(landline)
Email address:			
Please check co	refully that these details are correct		
It is really impo	rtant that you are not pregnant at the t	ime of IUC fitting.	
When was you	r coil fitted? (Date	e fitted)	
What is the nar	me of your coil?		
If your coil exch	nange is overdue, what other contracep	tion have you been using?	
Have you felt ti	ne threads or have they been seen recer	ntly during a vaginal examination/sm	ear?
□No	□Yes		
What date was	the first day of your last period?		
Was this a norr	nal period for you, at the expected time	?	
□No	□Yes		
Have you taker ☐ No	n EMERGENCY CONTRACEPTION since yo	our last period?	
	ase continue using your contraception r	eliably until your IUC is fitted	
	,		



For your safety, we must ask some sensitive questions to assess the risks of sexually transmitted infections:				
How long have	you been together with your current sexual partner?			
Have you had a	new sexual partner in the last 12 months?			
□No	□Yes			
-	nore than one sexual partner in the last 12 months?			
□No	□Yes			
Does vour sexu	al partner have other sexual partners?			
-				
□No	□Yes			
Have you ever	had any sexually transmitted infections?			
□No	□Yes			
Have you been	in contact with anyone who has had a sexually transmitted infection (STI)?			
\square No	□Yes			
Have you had a	any new vaginal discharge?			
□No	□Yes			
16.1				
if the answers t screening kit.	o any of the infection questions are YES , please visit the website SH.UK and register to receive an STI			
	o the STI screen in the comfort of your own home and once complete please post as per the instructions. be sent as a text to your mobile phone.			



Are you experiencing abnormal vaginal bleeding? By that we mean bleeding between periods, bleeding after sex or new and un-investigated bleeding that is heavier or irregular?				
□No	□Yes			
Have you ever	been diagr	nosed with fibroids or had any surgery to your womb?		
□No	□Yes			
Has anyone ev	er tried to	fit or remove a coil for you and failed or found it very difficult?		
□No	□Yes			
Do you have c				
□No	□Yes			
If the answer t	to the last q	uestion is yes, how old are they and were any born by Caesarean Section?		
Have you had	a Terminati	ion of Pregnancy (abortion) in the last 3 weeks?		
□No	□Yes			
	□1C3			
Are you up to	date with y	our cervical screening?		
□No	□Yes			
Have you ever	had an abr	normal smear? If yes, please give details of when this was and any treatment received		
□No	□Yes			
Do you have a	ny other m	edical conditions? Please give details		
□No	□Yes			
	_			
Do you take ar	ny medicati	on? Please give details		
□No	□Yes			
	·			
Are you allergic to anything? Please give details				
□No	□Yes			



e.g. did you faint or feel fai	int at your last coil fit; was a General Anaesthetic required; any specific pain relief requests; is it for HRT or non-contraceptive use?
Although we cannot g	guarantee a time to call you back, which would be your preferred time slot?
Morning \square	Afternoon \square Evening (before 6:30) \square
We will try to call you	on two occasions – the number will be displayed as withheld.
	ntact you by phone, we will send an SMS or leave a voice message inviting you to call in to make an $f o$ not want us to leave a voice message or send an SMS, please check the box. \Box
You can access a helpf	ful video on coil fitting via the following link: https://vimeo.com/36869451
Link to patient informa	ation leaflet on copper coil:
https://www.contrace	eptionchoices.org/contraceptive-method/copper-coil-iud
Link to patient informa	ation leaflet on hormonal coil:
https://www.contrace	eptionchoices.org/contraceptive-method/hormonal-coil-ius
Please be prep	pared to provide a urine specimen on the day, prior to your procedure.
> We can fit a co	oil if you are having your period on the day of the appointment.
Please ensure	you have eaten and been drinking normally prior to the appointment.
You may wish	to take some painkillers 1 hour prior to your appointment.
It is advisable to	to bring a sanitary towel or pantyliner to your appt in case of any bleeding afterwards.
You can chang	ge your mind about which coil you decide to have fitted on the day.
Please do not l	bring any children to the appointment
For women wanting a to the procedure.	coil exchange whose coil is in date , please abstain from sex or use condoms reliably for 7 days pric
For women wanting a	coil exchange whose coil is out of date , please abstain from sex or use condoms reliably for 21 day

prior to the procedure.