

ASSESSMENT FOR INTRAUTERINE CONTRACEPTION
REMOVAL



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 removal 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 carefully that these details are correct

Unless your coil is being removed in order to become pregnant, it is really important that you aren't at risk of conceiving by having your coil removed or are already pregnant if your coil is out of date

What date was your coil fitted? _____

What is the name of your coil? _____

If your coil is out of date, what other contraception have you been using? _____

What date did you start using this? _____

Have you been using this method reliably for every episode of sex? No Yes

Have you taken EMERGENCY CONTRACEPTION since your last period? No Yes

What date was the first day of your last period? _____

Was this a normal period for you, at the expected time? No Yes

Have you had a positive pregnancy test since your coil was fitted? No Yes

Have you felt the threads or have they been seen recently during a vaginal examination/smear?

No Yes

Was your coil insertion particularly painful or difficult?

No Yes

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 diagnosed with fibroids or had any surgery to your womb?

No Yes

Do you have children?

No Yes

If the answer to the last question is yes, how old are they & were any born by Caesarean Section?

Are you up to date with your cervical screening?

No Yes

Have you ever had an abnormal smear? *If yes, please give details of when this was and any treatment received...*

No Yes

Do you have any other medical conditions? *Please give details...*

No Yes

Do you take any medication? *Please give details...*

No Yes

Are you allergic to anything? *Please give details...*

No Yes

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

Have you had more than one sexual partner in the last 12 months?

No Yes

Does your sexual 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)?

No Yes

Have you had any new vaginal discharge?

No Yes

*If the answers to any of the infection questions are **YES**, please visit the website SH.UK and register to receive an STI screening kit.*

You can then do the STI screen in the comfort of your own home and once complete please post as per the instructions. The results will be sent as a text to your mobile phone.

Is there any other information you would like to tell us that you think might be important or helpful?

e.g. did you faint or feel faint at your coil fit; was a General Anaesthetic required; any specific pain relief requests; is it for HRT or non-contraceptive use...?

Although we cannot guarantee a time to call you back, which would be your preferred time slot?

Morning

Afternoon

Evening (before 6:30)

We will try to call you on two occasions – the number will be displayed as withheld.

If we are unable to contact you by phone, we will send an SMS or leave a voice message inviting you to call in to make an appointment. If you **do not** want us to leave a voice message or send an SMS, please check the box.

- Please be prepared to provide a urine specimen on the day, prior to your procedure.
- We can remove a coil 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 bring a sanitary towel or pantyliner to your appt in case of any bleeding afterwards.
- Please do not bring any children to the appointment

For women wanting a coil removal whose coil is **in date**, please abstain from sex or use condoms reliably for **7 days** prior to the procedure.

For women wanting a coil removal whose coil is **out of date**, please abstain from sex or use condoms or an alternative method of contraception reliably for **21 days** prior to the procedure.