

IUD Referral for GPs



Patient details

First name, Family name _____ Date of Birth _____

Address _____

_____ Phone number _____

History

Reason for considering IUD _____

Any abnormal menstrual symptoms? (intermenstrual bleeding, postcoital bleeding, breakthrough bleeding) Yes No

If Yes, investigate and DON'T refer to SHQ. Follow guidelines: Abnormal Vaginal Bleeding In Pre- And Peri-Menopausal Women, found at: https://canceraustralia.gov.au/sites/default/files/publications/nccg-vaginal-bleeding-flowcharts-march-2011_504af02038614.pdf

SHQ will insert IUDs for contraceptive purposes only.

Any abnormal vaginal discharge or dyspareunia? _____

If yes: Do not refer, please investigate.

Usual cycle _____

LMP _____

Any other contraindications? (including abnormal cavity, breast cancer, current PID)

Current contraceptive method _____

Obstetric history Gravity Parity

Date of most recent delivery _____ Mode of Delivery _____

Date of last Pap _____ All Paps previously normal? _____

Has the patient any medical problems? _____

Is the patient on any medications? _____

Any operations on the uterus? _____

Discussion

Other contraceptive options discussed _____

Choice of progestogen and copper devices discussed _____

Efficacy discussed (>99%) _____

Procedure explained _____

Possible benefits, risks and adverse effects discussed, including non-insertion (3%), changes to bleeding, perforation (<1/1000), infection (1/300), expulsion (1-2/100), feeling faint, (5/100) hormonal side-effects _____

Costs discussed. \$10 administration fee plus \$50 insertion fee plus Mirena cost (depending on Medicare status, check PBS), Copper IUD (Cost at SHQ \$100) _____

Written information given. Link to our IUD information form: <http://shq.org.au/download/intrauterine-devices/?wpmddl=1859> _____

Pre-insertion analgesia discussed. Advise NSAID or paracetamol ½ hour to 1 hour prior to appointment _____

Please advise patient to eat prior to the appointment.

Examination Findings (if done)

Uterus non-tender? Size, shape & position _____

Cervix non-tender? _____

Adnexae non-tender, no masses? _____

Investigations

Please complete the following:

- Screening for Chlamydia/ Gonorrhoea: CT/NG PCR (ECS, or SOLVS or FVU).
Copy of results sent to SHQ _____
- Pap smear if due
- Which laboratory were the tests sent to? _____
- Other investigations done? e.g, USS / blood tests if required

Plan

Pre-insertion contraception: it is vital there is no risk of pregnancy when the patient presents. Please tick the method to be used:

- Unexpired IUD: Advise abstinence for a week prior to exchange.
- Abstinence from LMP, or 3 weeks prior to insertion
- Contraceptive Implant
- Combined Oral Contraceptive Pill
- Progestogen Only Pill
- Depo
- Vaginal ring

Patient preference: Progestogen IUD (Mirena) Copper IUD Undecided

Please prescribe Mirena® if this is preferred. SHQ will provide copper IUDs at \$100.

Doctor has covered all the above information with me (patient)

Patients name _____ Signature _____ Date _____

Contact

Please ask the patient to contact the Sexual Health Helpline (SHH) to make an IUD appointment on 9227 6178.

If the patient requires a copper IUD for emergency contraception within 5 days of unprotected sexual intercourse, please contact SHH for an urgent appointment on 9227 6178.

Ideal dates for insertion are Cycle day 1-7 for insertion of Mirena, and Cycle day 1-12 for insertion of Copper IUD.

Doctors Contact

Please sign and provide your contact details to confirm all the information on this form has been discussed with the client.

Doctors signature _____

Doctors name _____

Address _____

Phone _____

Email _____

shq.org.au

Fax this document to the SHQ clinic on 9228 9010