

Beacon Surgery Questionnaire - Insertion of Intrauterine Contraception

Patient Name.....

- ❖ **Are you currently on any contraception?** Yes No
If yes what type of contraception

- ❖ **Do you have a coil fitted currently?** Yes No
Type of coil fitted
Date of insertion

- ❖ **Please circle your reason for having a coil**

HRT Contraception Period Issues

- ❖ **Date of 1st day of previous period**

- ❖ **Is there any risk of pregnancy?** Yes No

- ❖ **Please circle the type of coil are you requesting?** Hormone *e.g.Mirena* Copper

- ❖ **Have you had a new sexual partner in the last 12 months?** Yes No

- ❖ **Please take your blood pressure and pulse using our machine in the waiting room and attach with this form.**

Contraception Prior to your appointment

There must be no risk of pregnancy prior to your coil fitting appointment. If you are at risk of pregnancy your appointment may need to be rearranged.

To ensure we can fit the device please continue taking any method of contraception until the day of your appointment,

If you are booking a replacement of your coil and it is still in date please avoid sexual intercourse for 7 days prior to your appointment.

On the day of your appointment

It is advised to take ibuprofen or paracetamol 30-60 minutes before your appointment as you may experience some cramping pain. You may wish to bring sanitary protection with you. We recommend allowing an hour for the appointment and reduce any strenuous activities for that day. Children are not to attend the appointment. If you are unable to make your coil fitting appointment, please let the surgery know.