



NAME _____

DOB _____

MRN _____

PCP _____

Patient ID / Addressograph _____

**IUC (Intrauterine Contraception)
SCREENING AND PROCEDURE**

CLEARED BY ELIGIBILITY FOR IUC REIMBURSEMENT Yes No **Signature** _____

SCREENING FOR CONTRAINDICATIONS (based on WHO guidelines)

ABSOLUTE CONTRAINDICATIONS

- None of the following:
- ♦ Undiagnosed vaginal bleeding or suspected pregnancy
 - ♦ Current malignant gestational trophoblastic disease or pelvic infection (i.e., PID, cervicitis, septic abortion, puerperal sepsis, or pelvic TB or Actinomycosis)
 - ♦ Malignancy of cervix/uterus [breast for **LNG only**]
 - ♦ Copper allergy/Wilson's dz (**CuT only**)
 - ♦ Levonorgestrel (LNG) allergy (**Mirena®/LNG only**)

RELATIVE CONTRAINDICATIONS**

- None
- Dysmenorrhea/pelvic pain (**CuT only**)
 - Menorrhagia/anemia (**CuT only**)
 - Distorted uterine cavity
 - Desires pregnancy before one year
 - High risk for STD:
 - Multiple partners or high-risk partner
 - Hx recent STDs/ PID
- Type(s): _____ Date(s): _____
- Benign gestational trophoblastic disease, ovarian cancer, valvular heart disease or artificial joints (consider prophylactic antibiotics), or AIDS (not uncomplicated HIV)
 - Active viral hepatitis, severe decompensated cirrhosis, liver tumor, past breast cancer (**LNG only**)

LABS

Date	Results
Chlamydia❖ _____	_____
Other: _____	_____

❖ **Observe CDC screening guidelines.** May screen on day of IUC placement.

****Relative contraindications discussed with patient.** Notes: _____

Screened by: _____ / _____ CHN #: _____ Date: _____
Print Name Signature Title (if applicable)

PROCEDURE NOTE

IUC PLACEMENT: Date: _____ Time: _____ Gestational Age (if post-abortion): _____
 Uterus sounded to _____ cm Uterine size: _____ Position: _____ Tenderness: _____
 Ultrasound guidance for IUC placement Yes No
 Lidocaine 1% Chlorprocaine 1% _____ cc paracervical block
 IUC inserter used Ring forceps used
 Strings Trimmed to _____ centimeters outside cervix Not trimmed (_____ centimeters outside cervix)
 IUC placed: CuT 380a LNG (Mirena®) Lot # _____ Package expiration date ____ / ____
 Comments: Uncomplicated placement, one pass only Other _____

FOLLOW-UP PLANS: _____

IUC PLACED BY: _____ / _____
Print name Signature Title

I was present for the entire procedure
 Attending (if appl.): _____ / _____
Print name Signature Title