

# Fitting Protocol / Form—IUCD



Name: \_\_\_\_\_ D.O.B. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_

LMP: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Counselling & Consent \_\_\_\_\_

STI Results Discussed: Yes  No

Current Contraception: \_\_\_\_\_ OR

*Meets criteria to exclude pregnancy—if one of the below is met:*

- Has not had intercourse since last normal menses*
- Has been consistently and correctly using a reliable method of contraception*
- Is within the first 7 days of the onset of a normal menstruation*
- Is within 4 weeks postpartum for non lactating women*
- Is within the first 7 days post abortion or miscarriage*
- Is fully or nearly full breastfeeding, amenorrhoeic and less than 6 months postpartum*

*\* A pregnancy test adds weight to the exclusion of pregnancy but only if  $\geq$  3 weeks post UPSI*

HCG: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Result \_\_\_\_\_ BP \_\_\_\_\_ HR \_\_\_\_\_

Exam: PV Uterus AV Mid RV

Chaperone: Present: Yes  No

Name and Role: \_\_\_\_\_

Procedure: Local Anaesthetic Yes  No

Sound To \_\_\_\_\_ Tenaculum \_\_\_\_\_

CX Dilated Hegar Size: \_\_\_\_\_

Device / Batch no. \_\_\_\_\_

Threads cut to: \_\_\_\_\_

Follow-up Arrangements:

6 week check-up offered: Yes  No

GP Signature: \_\_\_\_\_ Date: \_\_\_\_\_