

# 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/ncgc-vaginal-bleeding-flowcharts-march-20111\\_504af02038614.pdf](https://canceraustralia.gov.au/sites/default/files/publications/ncgc-vaginal-bleeding-flowcharts-march-20111_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 Cervical Screening Test (CST) \_\_\_\_\_ All Pap smears previously normal? \_\_\_\_\_

Note: please provide a copy of latest CST results for all women aged 25 and older

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: IUD insertions will be privately billed at a nominated fee. Clients can contact SHQ directly to get a current price. \_\_\_\_\_

Written information given. Link to our IUD information form: <http://shq.org.au/download/intrauterine-devices/?wpdmdl=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 \_\_\_\_\_
- Cervical Screening Test
- 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](http://shq.org.au)

**Fax this document to the SHQ clinic on 9228 9010**

Information up to date as of January 2019