

# IUD Referral for GPs

Date \_\_\_\_\_

## Client 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://tinyurl.com/3txn3uxs>  
SHQ will not insert IUDs for abnormal bleeding unless it has been fully investigated by a gynaecologist and we have evidence of the letter and the results from this investigation.

Any abnormal vaginal discharge or dyspareunia? Yes  No

If yes: Do not refer, please investigate.

Usual cycle \_\_\_\_\_

LMP \_\_\_\_\_

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

Current contraceptive method \_\_\_\_\_

Any previous IUD use? \_\_\_\_\_

Obstetric history Gravity \_\_\_\_\_ Parity \_\_\_\_\_

Date of most recent delivery \_\_\_\_\_ Mode of all deliveries \_\_\_\_\_

Date and results of most recent CST \_\_\_\_\_

Does the client have any medical problems? \_\_\_\_\_

Is the client on any medications? \_\_\_\_\_

Any operations on the uterus? \_\_\_\_\_

## Discussion

Other contraceptive options discussed Yes  No

Comment: \_\_\_\_\_

Choice of progestogen and copper devices discussed Yes  No

Efficacy discussed (>99%) Yes  No

Procedure explained Yes  No

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 Yes  No

Costs discussed. Please visit [shq.org.au/clinic/visiting-our-clinic/clinic-costs](http://shq.org.au/clinic/visiting-our-clinic/clinic-costs) Yes  No

Patient has been given information sheet and consent form to sign. Please visit: [shq.org.au/clinic/information-for-professionals/iud-information-for-gps](http://shq.org.au/clinic/information-for-professionals/iud-information-for-gps) Yes  No

Pre-insertion analgesia discussed. Advise NSAID or paracetamol ½ hour to 1 hour prior to appointment Yes  No

Please instruct the client to eat prior to the appointment, and to arrange transport home after appointment (such as a family member or friend to assist them).

## Examination Findings (if done)

Not Applicable

Uterus non-tender Size, shape & position \_\_\_\_\_

Cervix non-tender \_\_\_\_\_

Adnexae non-tender, no masses \_\_\_\_\_

## Investigations

*SHQ will not process any IUD referrals until the following investigation results have been received:*

Screening for Chlamydia/Gonorrhoea: CT/NG PCR (ECS, or SOLVS)

Previous CST results  N/A (if client under 25yo)

Any previous non-obstetric pelvic ultrasound reports attached (if applicable)

Other investigations done e.g, blood tests if required

Copy of results sent to SHQ along with this referral letter ([sexhelp@shq.org.au](mailto:sexhelp@shq.org.au))

## Plan

Pre-insertion contraception: it is vital there is no risk of pregnancy when the client 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
- Contraceptive Injection
- Vaginal Ring

Client preference: Progestogen IUD ( Kyleena or  Mirena) Copper IUD  Undecided

Please prescribe the Mirena or Kyleena if this is preferred.

SHQ can provide Copper IUDs, refer to [shq.org.au/clinic-costs](http://shq.org.au/clinic-costs) for device costs.

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

Client name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## Contact

Please fax/email this referral and all results to SHQ on 9228 9010 | [sexhelp@shq.org.au](mailto:sexhelp@shq.org.au)

Please ask the client to contact the Sexual Health Helpline (SHH) to make an IUD appointment on 9227 6178 once all the results and the referral have been sent.

If the client requires a copper IUD for emergency contraception within 5 days of unprotected sexual intercourse, please contact SHH for an urgent appointment on 9227 6178 and we will attempt to assist.

## Doctors Contact

Please sign and provide your contact details to confirm all the information on this form has been discussed with the client. Alternatively, use a Drs stamp below.

Doctors name \_\_\_\_\_

Doctors signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Provider number \_\_\_\_\_

Drs stamp