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**IUD PATIENT QUESTIONNAIRE – PLEASE COMPLETE AND RETURN TO THE FRONT DESK**

Have you had an IUD before? Y / N    Hormonal \_\_\_\_\_ Copper \_\_\_\_\_

Have you ever been sexually active? Yes/No

Is this an IUD for EMERGENCY CONTRACEPTION? Yes/No

If Yes, when was the unprotected sex? \_\_\_\_\_

Relationship status (circle) single/in relationship/married/other \_\_\_\_\_

When was the first day of your last period? \_\_\_\_\_

For your Periods what do you use: Tampons \_\_\_\_\_ Pads \_\_\_\_\_ A Cup (Diva) \_\_\_\_\_ Sponge \_\_\_\_\_

How heavy is your usual period? Light \_\_\_\_\_ Moderate \_\_\_\_\_ Heavy \_\_\_\_\_ Very Heavy \_\_\_\_\_

How many days does your period usually last? \_\_\_\_\_

How would you rate your worst period cramps on a scale of 0-10? \_\_\_\_\_

Are you experiencing any abnormal bleeding? (vaginal bleeding when you don't have your period)

\_\_\_\_\_

What methods of birth control have you used in the past? Please list them and any side effects:

\_\_\_\_\_

What method of birth control are you currently using?

\_\_\_\_\_

Have you ever been pregnant? Y / N

How many: Births \_\_\_\_\_ Abortions \_\_\_\_\_ Miscarriages \_\_\_\_\_ Tubal/Ectopic \_\_\_\_\_

If previous pregnancies did you have a C-section or Vaginal birth? \_\_\_\_\_

Have you had a delivery/birth in the past 9 months? Y / N

Are you currently breastfeeding? Y / N

Have you ever had an infection in your uterus or fallopian tubes, or a sexually transmitted infection (gonorrhea, chlamydia, PID)? Y / N

When was your last PAP smear test (routine cervical cancer check that starts at age 25)? \_\_\_\_\_

Have you ever had an abnormal PAP smear? \_\_\_\_\_

Do you have any medical illnesses? (For example: migraines, heart disease, asthma, etc.)

If Yes, Please list: \_\_\_\_\_

Are you taking any medication (including current birth control)? Y / N

If Yes, Please list: \_\_\_\_\_

Are you allergic to any medication? Y / N

If Yes, Please list: \_\_\_\_\_

Surgical History: \_\_\_\_\_

Family History: \_\_\_\_\_

Do you smoke? If yes, how much? \_\_\_\_\_

Do you drink Alcohol? If yes, how much? \_\_\_\_\_