****Thank you for expressing an interest in having a coil inserted.

Please complete this form to be added to our waiting list.

**Date :**

**Name :**

**Date of Birth:**

**Mobile Number:**

**I would like to have a coil for the following reason** (please tick all that apply)

Contraception: [ ]  HRT: [ ]  Heavy periods: [ ]

**Which Coil would you like?**

Hormonal: [ ]  Non-Hormonal: [ ]  Not sure: [ ]

**Do you already have a coil?**

Yes: [ ]  No: [ ]

**If yes:**

**Which type of coil do you have?**

Hormonal: [ ]  Copper/Non hormonal: [ ]

**Date coil was inserted:**

Our coil clinics take place at Priorslegh Medical Centre and Bollington Medical Centre on Friday mornings.

**Which surgery would you like to attend? We will try our best to accommodate your preference.**

Priorslegh: [ ]  Bollington: [ ]  No preference: [ ]

**Any other information you feel may be relevant to your coil request?**

What will happen next:

1. Please return this form to us via email to cmicb-cheshire.middlewood.coilreferrals@nhs.net Alternatively, a printed copy can be returned to our reception at Priorslegh or Bollington Medical Centre for the attention of Dr Ellison-Smith/Barber
2. Once we have your completed form you will be added to our waiting list.
3. Please have a look at the following website for further information on the coil:

http://www.contraceptionchoices.org

1. You will be offered a telephone counselling call to discuss the coil in more detail and to complete the consent form.
2. If you decide to go ahead we will contact you with an appointment to have the coil fitted when a slot becomes available.

\*IF YOU DECIDE NOT TO GO AHEAD WITH THE COIL PLEASE INFORM US ASAP SO THAT WE CAN OFFER THE APPOINTMENT TO ANOTHER PATIENT\*

Thank you.

Dr F Ellison Smith, Dr L Barber & Kate Mottershead.