

HORMONAL IUD

The Contraceptive CHOICE Project - Clinician Call Back Form - Version 1.3

1. Date Call Received: 07/29/11
(MM/DD/YY)

2. Time: 10:50 (24h)

Currently Enrolled Study

3. Participant?

Yes

No

5. First Name: [REDACTED]

6. LastName: [REDACTED]

7. DOB: [REDACTED]

4. Up-to-date on all surveys

8. Phone Number: [REDACTED]

6-M survey scheduled

9. Contact Instructions: [REDACTED]

Needs to complete 6-M

Inside window

Outside window

10. Reason for Callback?

Pt c/o intense cramping with mirena since last act of intercourse. She would like to be seen today or tomorrow.

OMVIG, KAREN |
7/29/2011

Staff Initials | Date

11. Date Called Back: 07/30/11
(MM/DD/YY)

12. Time: 1127 (24h)

Notes: Detail outcome of call and any action taken.

28 y/o G5P2 - (S/P mirena 02/23/11) - Pt. states she had some discomfort w/ intercourse last week. Pt. states she cannot feel string.

O-A Δ in med hx, O new meds Denies any bleed

A/P: - Rx Ibuprofen 800mg q 8° x 5-7 days

- Pt. to use back-up method

- Scheduled pt. for string ✓

- Reassured pt.

- Pt. verbalized understanding

mp-
7/7/11
Meds
O

PMH:
HPT, G.D.
shyford
STI: 0

Alex
8/1/11
KSO

Initials: [Signature]

Date: 7.30.11