Mirena® 52 mg　Prescription Check Sheet

This Check Sheet aims for affirming safety administration of Mirena®. Please ask the physician to explain anything that is unclear and write down correct information.

Date:

Your name			Your age	(　　) years old	
Gravidity (History of pregnancy)	☐ Yes	☐ No	Parity (History of child birth)	☐ Yes	☐ No

1	Have you experienced hypersensitivity (labored breathing, nettle rash, eczema/rash) after taking oral contraceptives or hormone-containing pharmaceuticals? (Product name:　　)	☐ Yes　☐ No
2	Have you been diagnosed with or medically suspected to be with any of the following diseases? 〔 ☐Uterine cancer　☐Cervical cancer　☐Ovarian cancer ☐Breast cancer 〕 Please tick the box if applied.	☐ Yes　☐ No
3	Do you have atypical genital bleeding (vaginal bleeding of irregular timing from menstruation)?	☐ Yes　☐ No
4	Have you medically indicated for abnormalities in the position or shape of your uterus?	☐ Yes　☐ No
5	Are you presently treated for, or have been diagnosed with and/or treated in the past three months for sexually transmitted diseases (chlamydia, gonorrhea, AIDS)?	☐ Yes　☐ No
6	Are you presently treated for cervicitis, vaginitis, or pelvic inflammatory disease?	☐ Yes　☐ No
7	Have you experienced in the past three months, miscarriage due to infectious diseases or inflammation of endometrium after child birth?	☐ Yes　☐ No
8	Have you experienced ectopic pregnancy (pregnancy within the body but not in the uterus)?	☐ Yes　☐ No
9	Have you experienced fainting or decreased pulsatile after inserting Mirena® or other intrauterine devices?	☐ Yes　☐ No
10	Have you been diagnosed with liver disorders (hepatitis, cirrhosis) or liver carcinoma?	☐ Yes　☐ No
11	Are you pregnant or suspected to conceive?	☐ Yes　☐ No
12	Have you been diagnosed with congenital heart disease or heart valve disease?	☐ Yes　☐ No
13	Have you been diagnosed with diabetes mellitus?	☐ Yes　☐ No
14	Are you more than six weeks after childbirth?	☐ Yes　☐ No
15	Are you currently on nursing (breast-feeding)?	☐ Yes　☐ No
16	Have you recently been underwent cesarean section or myomectomy? (Date of operation:　　)	☐ Yes　☐ No
17	Have you been diagnosed with epilepsy?	☐ Yes　☐ No
18	Are you receiving long-term treatment with corticosteroids?	☐ Yes　☐ No

Bayer Yakuhin, Ltd.

2021 July

PP-MIR-JP-0136-28-06