

THE UK EPILEPSY AND PREGNANCY REGISTER
for self registration

Please print this form out, fill it in and post it to the address shown at the end of the form.

After printing the form, please use the 'Back' on your Browser to return to the Epilepsy and Pregnancy website.

The aim of the Register is to collect information about as many pregnant women with epilepsy as possible.

Information about you, your pregnancy, your epilepsy and your epilepsy treatment can be used to help assess the safety of different drugs used to treat epilepsy. This will help doctors give the best advice possible to other women who are thinking of becoming pregnant or to yourself in future pregnancies.

The Register is run and monitored by Dr Jim Morrow, a Consultant Neurologist at Royal Victoria Hospital in Belfast.

All information provided will be treated in the strictest confidence

I am registering:

My own pregnancy

or

Pregnancy of a relation Relationship to person registering

PATIENT CONSENT FORM

A REGISTER TO DETERMINE THE SAFETY OF ANTI-EPILEPTIC DRUGS IN PREGNANCY

I understand the aims of the Register and have read the 'Further Information' section on the web site.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

I understand that sections of any medical notes may be looked at by regulatory authorities where it is relevant to my taking part in research. I give permission for these individuals to access my records and those of my child.

I agree to take part in the above study .

Signed..... (patient signature)

All information provided will be treated in the strictest confidence

About you

Surname

Forename

Address

.....
.....
.....

Email address

I am a resident of the UK Yes No

Date of Birth

What date is your baby due?

How many weeks pregnant are you?

About your General Practitioner

Who is your GP?

Surgery address

.....
.....
.....

Surgery telephone number

About your epilepsy

Please answer as many of the following questions as possible. Don't worry if you can't answer everything. We will contact your GP to obtain any information that you cannot provide.

How old were you when you first had epilepsy?

What type of seizures do you have?
(If you don't know, please write 'DK')

Have you had any seizures during your pregnancy? **Yes** **No**

If you have, what type were they?
(If you don't know, please write 'DK')

About your antiepileptic drug (AED) treatment

What AED treatment have you been taking during your pregnancy?
(Please indicate daily doses and say when any changes were made)

.....
.....
.....

Did your doctor prescribe Folic Acid for you? **Yes No**

Was Folic Acid prescribed before you became pregnant? **Yes No Don't Know**

What dose was prescribed? **400mcgs 5mgs Other (please specify) Don't Know**

What AED treatment did you take in the 3 months before you became pregnant?
(Please indicate daily doses and say when any changes were made)

.....
.....

What other medication did you take in the 3 months before you became pregnant?

.....

What antiepileptic therapy are you currently taking?
(Please indicate the dose you take and how often you take it)

.....
.....
.....

Do you currently attend a specialist clinic for your epilepsy? **Yes No**

If so, where ?.....

Which doctor do you see?

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Please post your completed form to:

**Dr J I Morrow, Consultant Neurologist
UK Epilepsy and Pregnancy Register
Department of Neurology (Level 6 OPD)
Royal Victoria Hospital
Belfast
BT12 6BA**