Treatment with valproate for female patients: Checklist for patients and prescribers

A. Checklist for Prescribers

Name of Patient /carer

I confirm that the above named patient does not respond adequately or tolerate other [treatments or medical treatments and requires valproate

I have discussed with the above named Patient/carer:

| The overall risks of an approximately 10% chance of birth defects and up to 30-40% chance of a wide range of early developmental problems that can lead to significant learning difficulties in children exposed to treatment with valproate during pregnancy. | |
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| Individual risk can be minimised by use of the lowest possible effective dose | |
| The need for contraception (if child bearing age) | |
| The need for regular review of the need for treatment | |
| The need for urgent review if the patient is planning a pregnancy | |
| I have given the patient/carer a copy of the patient information booklet | |

Name of Prescriber

Date

B. Patient /Carer Checklist

| I understand | |
|--|--|
| Why treatment with valproate rather than another medicine is considered necessary for me | |
| The risks of an approximately 10% chance of birth defects and up to 30-40% chance of a wide range of early developmental problems that can lead to significant learning difficulties in children exposed to treatment with valproate during pregnancy. | |
| That I am advised to use contraception if not planning a pregnancy | |
| That my treatment should be reviewed regularly | |
| That I should request an urgent review if planning a pregnancy PRIOR to attempting to conceive | |

Name of Patient/ Carer