

LAMOTRIGINE PREGNANCY REGISTRY FOLLOW-UP FORM

FOR OFFICE USE ONLY

Page 1 of 3

Registry ID _____ HCP ID _____

WPSP ID _____ Country _____

Date case closed _____
day month year

Phone
 Transcribed

Return by FAX to: 800-800-1052 (US, Canada)
910-256-0637 (All International Faxes)

MATERNAL DATA

Patient (Log) ID: _____ *The Registry-assigned ID number*

ALL LAMOTRIGINE DOSES DURING THIS PREGNANCY

INDICATION Epilepsy Bipolar Disorder Other _____

	Course Began (d/m/y)	Daily Dose (total mg/day)	Course Began* (gestation week from LMP)	Course Ended (gestation week from LMP)	If Ongoing at Delivery (√) <input type="checkbox"/>
Course 1	___-___-___	_____	_____	_____	<input type="checkbox"/>
Course 2	___-___-___	_____	_____	_____	<input type="checkbox"/>
Course 3	___-___-___	_____	_____	_____	<input type="checkbox"/>

*If Course 1 began prior to conception; enter 0

SEIZURE HISTORY DURING THIS PREGNANCY

Average Number of Seizures Per Trimester	Trimester of Pregnancy		
	First	Second	Third
Complex/simple partial	_____	_____	_____
Generalized tonic/clonic	_____	_____	_____
Other _____	_____	_____	_____

Lamotrigine Pregnancy Registry — Follow-up Form

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OTHER ANTIPILEPTIC/PSYCHOTROPIC DRUGS (within 1 month of conception or during this pregnancy)

Other Antiepileptic/ Psychotropic Drugs (✓and include total dose for all that apply)	Trimester of Pregnancy							
	Prior to Conception		First Trimester		Second Trimester		Third Trimester	
	(√)	Total Daily Dosage (mg/day)	(√)	Total Daily Dosage (mg/day)	(√)	Total Daily Dosage (mg/day)	(√)	Total Daily Dosage (mg/day)
amitriptiline (Elavil)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
bupropion (Wellbutrin)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
carbamazepine (Tegretol)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
citalopram (Celexa)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
clomipramine (Anafranil)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
clonazepam (Klonopin)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
clozapine (Clozaril)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
diazepam (Valium)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
ethosuximide (Zarontin)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
felbamate (Felbatol)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
fluoxetine (Prozac)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
gabapentin (Neurontin)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
haloperidol (Haldol)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
lithium	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
olanzapine (Zyprexa)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
paroxetine (Paxil)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
phenobarbital	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
phenytoin (Dilantin)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
primidone (Mysoline)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
quetiapine (Seroquel)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
risperidone (Risperdal)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
sertraline (Zoloft)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
topiramate (Topamax)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
trimethadione (Tridione)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
valproate (Depakote)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
venlafaxine (Effexor)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
vigabatrin (Sabril)	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	
other: _____	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

