Treatment with valproate (Epilim®, Depakote®) for female patients:
Checklist for prescribers and patients
This checklist should be used in conjunction with the Valproate Summary Guide for Healthcare Professionals

A. Checklist for prescribers

1. Name of patient/carer: ____________________________

I confirm that the above named patient does not respond adequately to or tolerate other 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 ☐

The individual risk can be minimised by use of the lowest possible effective dose ☐

The need for contraception (if childbearing 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 ____________________________________________ Signature ____________________________ Date ____________________________

B. Checklist for patient/carer

I, the undersigned, 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 ____________________________________________ Signature ____________________________ Date ____________________________