**Record of discussion on use of contraception for patients on valproate with childbearing potential**

This document should be read in conjunction with the risk acknowledgment form and clinic letter.

Patient Name:

NHS Number:

Patient Date of Birth:

Indication for valproate:

Date of most recent risk acknowledgement form:

Date of risk acknowledgement form with double signature:

**Contraception use (please select A or B)**

[ ]  **A**. No contraception is being taken as the risk of pregnancy is low.

Reason:

**OR**

[ ]  **B**. The patient is using contraception as outlined below and has indicated an intent to continue to use this method over the next 12 months. (If a combination of e.g. barrier and hormonal contraception is proposed, please indicate both methods):

Highly effective contraceptive methods

|  |  |  |
| --- | --- | --- |
| Method | Tick if in use  | Comment |
| Contraceptive implant |  |  |
| Intrauterine system (IUS) hormone coil |  |  |
| Intrauterine device – copper coil |  |  |
| Female sterilisation |  |  |
| Male sterilisation |  |  |

Other contraceptive methods

|  |  |  |
| --- | --- | --- |
| Method | Tick if in use | Comment |
| Combined oral contraceptive |  |  |
| Progesterone only pill |  |  |
| Combined transdermal patch |  |  |
| Combined vaginal ring |  |  |
| Progesterone only injectable |  |  |
| Male condom |  |  |
| Female condom |  |  |
| Diaphragm with spermicide |  |  |
| other |  |  |

Having considered the risk and benefits and alternative treatments, I believe valproate is the most appropriate treatment for this patient and the patient has agreed to start/continue with valproate.

Specialist Name:

Role:

Specialist contact details:

Date record of discussion completed: