

**SUMATRIPTAN/NARATRIPTAN/TREXIMET
PREGNANCY REGISTRY
REGISTRATION FORM**

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

FOR OFFICE USE ONLY

Page 1 of 2

Registry Patient ID _____ HCP ID _____

WSP ID _____ Country _____

Registry date of notification _____ Phone
day month year Transcribed

1. MATERNAL DATA

Patient (Log) ID: _____

Registry-assigned ID number. Call / Fax the Registry Office for a non-patient identifying number (800-336-2176 US / Canada, 910-256-0549 Int'l, phone) 800-800-1052 US / Canada, 910-256-0637 Int'l, Fax)

*Note: To help assure patient confidentiality, the Registry uses a Registry assigned patient ID to refer to your patient to obtain follow-up and outcome information. A **patient log** will be sent to you, if this is your first registrant. The Log will help cross-reference this ID with your own identifier(s) for this patient. Keep the log in a secure place.*

Race: White Black Hispanic Asian Other (specify): _____

Patient Age _____

Last Menstrual Period _____
day month year

Estimated Date of Delivery _____
day month year

How was the Estimated Date of Delivery determined?

by Last Menstrual Period by Ultrasound by Other Method (specify): _____ Unknown

Is there evidence of a defect from a prenatal test?

Yes No

If yes, indicate which test(s) showed evidence of birth defect:

Ultrasound Amniocentesis MSAFP Other (specify): _____

2. HEALTH CARE PROVIDER INFORMATION

Name _____

Specialty _____

Address _____

Phone _____

Fax _____

Alternate Contact _____

Provider's Signature _____

Date _____
day month year

**Sumatriptan/Naratriptan/Treximet
Pregnancy Registry — Registration Form**

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

3. ALL SUMATRIPTAN/NARATRIPTAN/TREXIMET DOSES DURING THIS PREGNANCY

	Date of Treatment (d/m/y)	# of Days	Total Daily Dose (total mg/day)	Gestation Week (from LMP) Course Began (if Course 1 began prior to conception, enter 0)	Route (enter code) 1 = Oral 2 = Subcutaneous 3 = Intranasal 4 = Other (specify) _____	Reason for Use (enter code) 1 = Migraine 2 = Cluster Headache 3 = Non-Migraine Headache 4 = Other (specify) _____
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SUMATRIPTAN COURSES

Course 1						
Course 2						
Course 3						
Course 4						
Course 5						
Course 6						

The above treatment dates are based upon (check one):

Medical Chart Patient Diary Best Recollection Other _____ (specify)

NARATRIPTAN COURSES

Course 1						
Course 2						
Course 3						
Course 4						
Course 5						
Course 6						

The above treatment dates are based upon (check one):

Medical Chart Patient Diary Best Recollection Other _____ (specify)

TREXIMET COURSES

Course 1						
Course 2						
Course 3						
Course 4						
Course 5						
Course 6						

The above treatment dates are based upon (check one):

Medical Chart Patient Diary Best Recollection Other _____ (specify)