

TEVA MIGRAINE PREGNANCY REGISTRY
PATIENT REGISTRATION FORMRegistry Phone Number: 833-927-2605 Registry Fax Number: 800-800-1052
301 Government Center Drive, Wilmington, NC 28403
TevaMigrainePregnancyRegistry@syneoshealth.com

Patient Name: _____

Patient ID #: _____

Date Of Form Completion: ____/____/____
DD MMM YYYY

For Office Use Only

Data collected by phone: Yes NoDate data received: ____/____/____
dd mmm yyyy**1. REPORTER CONTACT**

1.1 Reporter of First Contact

 Obstetric Health Care Provider Prescribing or Other Health Care Provider (Specify Specialty) _____ Pregnant Patient Other (e.g. Guardian of Minor/patient requiring Assent/family member)Specify: _____

1.2 First Contact Type

 phone mail email other Specify _____Date of First contact: ____/____/____
dd/mmm/yyyy

Patient Name: _____

Patient Phone Number: _____

Patient Email Address: _____

Alternate Contact Form Completed?

 Yes No (patient declined, not obtained, etc.)

1.3 Verbal Informed Consent Received

 Yes No

Patient Age at Consent: _____

Date Received: ____/____/____
dd/mmm/yyyy

Written Informed Consent Received

 Yes No

Patient Age at Consent: _____

Date Received: ____/____/____
dd/mmm/yyyy

1.4 Health Care Provider Contact Information

Health Care Provider	Contact Information	Date of Medical Release (dd/mmm/yyyy)
Obstetrician		
Prescribing/other Health Care Provider		
Pediatrician		
Other Pediatric Health Care Provider		

TEVA MIGRAINE PREGNANCY REGISTRY

IRB Approved at the
Protocol Level
Feb 03, 2021

PATIENT REGISTRATION FORM

Registry Phone Number: 833-927-2605 Registry Fax Number: 800-800-1052
301 Government Center Drive, Wilmington, NC 28403
TevaMigrainePregnancyRegistry@syneoshealth.com

2.6 Type/Frequency of Migraine

- Episodic Migraine (EM) - less than 15 days per month
- Chronic Migraine (CM)-more than 3 months of headaches on 15 or more days/month on average, at least 8 days of migraine
- Unknown

2.7 Date of Migraine diagnosis: _____
dd/mmm/yyyy

Unknown

2.8 Severity of Migraine

- Mild
- Moderate
- Severe
- Unknown

2.9 Migraine with Aura?

- Yes
- No

[NOT ENTERED IN REGISTRY DATABASE]

Provider's Signature _____

Date _____

Provider's Printed Name _____

dd Mmm yyyy

Name/Title of Person Completing Form If Other Than Provider _____