Registry Phone Number: 833-927-2605 Registry Fax Number: 800-800-1052
TevaMigrainePregnancyRegistry@syneoshealth.com

IRB Approved at the
Protocol Level
Nov 08, 2023

PATIENT REGISTRATION FORM

Participant ID:

1. REPORTER CONTACT

1.1 Reporter of Enrollment
- ☐ 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 (e.g. Guardian of Minor/patient requiring Assent/family member): _____

1.2 Enrollment Type: ☐ Phone ☐ Mail ☐ Email ☐ Other, specify: _____

Date of Enrollment: month _____ day _____ year _____

Alternate Contact Form Completed? ☐ Yes ☐ No

1.3 Verbal Informed Consent Received: ☐ Yes ☐ No
Date Received: month _____ day _____ year _____
Patient Age at Consent: _____

Written Informed Consent Received: ☐ Yes ☐ No
Date Received: month _____ day _____ year _____
Patient Age at Consent: _____

Date of Medical Release: month _____ day _____ year _____

2. PREGNANCY INFORMATION

2.1 Is the patient currently pregnant? ☐ Yes ☐ No

2.2 Inclusion Criteria ☐ Ajovy (Cohort 1) ☐ Group 1 (Cohort 2) ☐ Group 2 (Cohort 3)

2.3 Have Prenatal Tests been completed?* ☐ Yes ☐ No ☐ Unknown

*Prenatal Test results will be collected on the Health Care Provider Reported Baseline Data Form

2.4 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

2.5 Date of Migraine diagnosis: month _____ day _____ year _____ Unknown: ☐

2.6 Severity of Migraine
☐ Mild ☐ Moderate ☐ Severe ☐ Unknown

2.7 Migraine with Aura?
☐ Yes ☐ No ☐ Unknown