



NEURONTIN - INFORMED CONSENT FOR MEDICATION

<u>Medication Category:</u> Anti-Seizure Medication, prescribed medication (or equivalent)	<u>Medications in this Category:</u> gabapentine (Neurontin)
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Anticipated dosage range: \_\_\_\_\_

About Your Medicine: Neurontin is contraindicated in patients with known hypersensitivity to the drug or its ingredients.

Warnings: 1. Antiepileptic drugs should not be abruptly discontinued because of the possibility of increasing seizure risk. 2. During the premarketing development of Neurontin 8 unexplained deaths were recorded among 2203 patients treated. While this rate is greater than the expected death rate in the general population, it is not clear if this represents an increased risk of death due to the medication.

Side Effects: Every medication is capable of producing side effects. Many Neurontin users experience no, or minor side effects. The frequency and severity of side effects depend on many factors including dose, duration of therapy and individual susceptibility.

Possible side effects include:

More common: Somnolence (ex. Feeling sleepy), dizziness, ataxia (or difficulty walking), fatigue, and visual problems (ex. Nystagmus).

Precautions: If you have taken this medication regularly for a long period of time or in large doses, do not stop taking it without first checking with your prescriber. Your prescriber may want you to reduce gradually the amount you are taking before stopping completely. Stopping this medicine suddenly may cause withdrawal side effects including: increased anxiety, sleeplessness, irritability, nausea, palpitations, headache, muscle tension/cramps, tremor or seizures.

By my signature below, I give consent for the above-named medication to be administered and for a change of medication within this medication category. My signature also indicates that I am aware of, have read and discussed the reasons for the use of this medication, and its potential risks and benefits.

Client Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_