

Record of agreement – Planned gabapentin or pregabalin reduction

This document records the agreed plan to reduce gabapentin or pregabalin for safety reasons and the support provided during this process.

Patient name: NHS number:

Drug name (select one): gabapentin or pregabalin

Condition being treated:

Record of agreement

By signing this document, I confirm that:

1. I understand why dose reduction is recommended and I have been given information about reducing this medicine.
2. I understand that I may experience withdrawal symptoms, and I know who to contact if I struggle. My healthcare worker has explained that my dose will be reduced gradually, with review and support, and that the pace of reduction can be adjusted if needed.
3. I agree to follow the dose reduction plan and will not obtain gabapentin or pregabalin from any other source.
4. I understand that prescriptions will be issued in line with the agreed plan and that early or replacement prescriptions may not always be possible.
5. I understand that taking more medicine than prescribed, obtaining medicine elsewhere, repeatedly losing prescriptions, or not following the agreed plan will prompt a review and may result in further reduction or stopping my medicine.
6. I am responsible for keeping my medicine safe at home. I understand that sharing my medicine is illegal and dangerous.
7. I understand that my treatment will be regularly reviewed, and my dose may be further reduced if safety concerns arise or if I do not follow the agreed plan.

Patient signature: Date: