

Yellow Card Adverse Event Reporting Form

PLEASE RETURN to Sandeep Garg, Director of APA Pharmacopoeia Committee,
16 Hambledon Place, London, SE21 7EY. **All information will be treated as CONFIDENTIAL!**

PATIENT IDENTIFICATION (first 3 letters of first and surname) PREGNANT: Yes / No TRIMESTER: 1 / 2 / 3 (circle)	SEX	AGE	WEIGHT (kg)	HEIGHT (m)
SUSPECTED MEDICINE (full name of remedy and/or brand name)	PREPARATION / STRENGTH	ROUTE	DAILY DOSE	START / STOP DATES
INDICATIONS	OTHER MEDICAL CONDITIONS (include known sensitivities)			
SUSPECTED REACTIONS (diagnosis, duration, severity and frequency)		REPORTING PRACTITIONER (name & address in capitals) TEL: DATE: SIGNED:		
OUTCOME Recovery / Referral / Fatal		DID THE REACTIONS RECUR?		
WAS THE PATIENT RECHALLENGED? Yes/ No	AT WHAT DAILY DOSES?	DID THE REACTIONS RECUR?		
RECORD DETAILS OF ALL OTHER MEDICINES TAKEN IN THE PREVIOUS 2 MONTHS (List your actual prescriptions and also all Western medicines with preparation & strength, and self medications with brand names, if known. List any indications alongside the product name. Continue on reverse side if needed.)		ROUTE	DAILY DOSE	START / STOP DATES
ADDITIONAL INFORMATION AND COMMENTS (e.g. dietary information, your conclusions and suggestions – continue on separate sheet if needed)				

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