



UR NUMBER

SURNAME

GIVEN NAME(S)

DATE OF BIRTH

AFFIX PATIENT LABEL HERE ↑

# Adverse Drug Reaction Report

To be used for any response to a drug that is undesired, unintended or unexpected in doses recognised in accepted medical practice.

UR no.	Height:	Ward:
	Weight:	Unit:
Date of birth:    /    /	Sex: <input type="radio"/> Male <input type="radio"/> Female	Consultant:

Patient's diagnosis:

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Date of reaction:    /    /

Description of Adverse Drug Reaction including time of onset of reaction, lab results, drug serum levels etc., when appropriate:

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Suspected drug:	Date started:    /    /
Dose, frequency, route, time of last dose:	Date ceased:    /    /

Action taken (e.g. when drug ceased, dose reduced, treatment prescribed):

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Outcome:	<input type="radio"/> Recovered	Date of recovery:    /    /
	<input type="radio"/> Not yet recovered	<input type="radio"/> Unknown
	<input type="radio"/> Fatal	Date of death:    /    /

Sequelae:  No  Yes (describe):

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Did reaction contribute to hospital admission?  No  Yes

**PLEASE FILL IN FURTHER DETAILS CONCERNING THE REACTION OVER THE PAGE.  
RETURN TO DRUG INFORMATION CENTRE, PHARMACY DEPARTMENT OR CALL EXT. 55208**

Other drugs being taken when reaction occurred:

Drug	Dose	Frequency	Route	Date started	Date ceased
				/ /	/ /
				/ /	/ /
				/ /	/ /
				/ /	/ /
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Additional notes or comments (e.g. previous exposure to drug, rechallenge of suspected drug, consultant referral details):

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Name of person reporting:

Ext./page:

Date: / /

Department / Ward of reporter:

Signature of Medical Practitioner:

Name of Medical Practitioner:

Provider number:

**Pharmacy / clinical pharmacology use only**

Spontaneous report or  Via E-code

Alert card issued :  Yes Date: / /  
 No

Letter sent:  Yes Date: / /

Entered on computer:  Yes Date: / /

Sent to TGA Office of Product Review:  Yes Date: / /

**Recommendations on alert card:**

No further action required Date: / /

Interim card issued Date: / /

Final card issued Date: / /

**Post allergy:**

Card Date: / /

Destroy letter Date: / /

**Other action required:**