

Patient details

()

Report of Suspected Adverse Reactions to Medicines

۲

Reporting is easiest online:

https://pophealth.my.site.com/carmreportnz/s/

NHI No: Name or initials: Date of Birth: Weight: Ethnicity: Sex: M F Pregnant Ves No Height: If yes, LMP: List all medicines in use (include over the counter and alternative medicines). Tick suspect medicine/s 🗹. Medicine or vaccine Dosage (strength Route Date Indication (brand and batch no. if known) and frequency) Started Stopped Description of adverse reaction (include any action taken) Date started: Outcome Recovered Recovering Not recovered Recovered with sequalae Fatal Unknown Date stopped: Was the adverse reaction serious? No Yes (If Yes, please indicate why below) Results in death Life-threatening Caused or prolonged hospitalisation Disabling/incapacitating Congenital abnormality/birth defect Other medically important condition: Other relevant information (eg, rechallenge, renal or hepatic disease, other medical conditions, allergy, smoking, alcohol use, medication error or misuse) **Reporter:** Doctor Nurse Midwife Pharmacist Dentist Other DHB/PHO: Name: Telephone: Email: Date: Thank you for taking the time to complete this form Do not write in shaded area

۲

()

Do not write in shaded area

August 2023

Report of Suspected Adverse Reactions FormV5.indd 1

WELLINGTON c/o Medsafe PO Box 5013 PO Box 5013



۲





۲

Reporting is easiest online: https://pophealth.my.site.com/carmreportnz/s/ Or scan and email form: CARMreport@health.govt.nz Guidance on reporting: www.medsafe.govt.nz/safety/report-a-problem.asp See what others have reported: www.medsafe.govt.nz/Projects/B1/ADRDisclaimer.asp

۲

۲