

RECORD OF ADVERSE EVENT FORM

(please fax to DOCTORnow – 01494 730729)

Fax date:	
Fax time:	

Pharmacy Details

Pharmacy stamp	Reporting pharmacist's name
	Telephone

Patient Details

Patient's initials (only)		Patient's date of birth	
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Details of Event

Date of event		Time of event	
Novartis vaccine administered (tick / complete as appropriate)	<input type="checkbox"/> Fluvirin®		<input type="checkbox"/> Agrippat®
	Dose:	Route:	Batch number:
Description of event			
Details of care / advice provided			
Summary of outcome (please tick as appropriate)	<input type="checkbox"/> Resolved with advice	<input type="checkbox"/> Patient referred to GP	<input type="checkbox"/> Patient care passed to emergency services

Communication Summary

Was the DOCTORnow medic contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, please summarise advice given below and include the name of the medic who gave advice
Was the patient's GP contacted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Name and address of GP (if known)			
Reporting pharmacist's signature		Date	

(Please attach a copy of this completed form to the Log of Adverse Events, noting the date and time this form was faxed to DOCTORnow)

