Adverse Reaction Form

This form must be filled out when a client has had a adverse reaction to either treatment or product.

Treatment or Product client has recieved and date treatment or product was started?

Reaction client has got?

How has client been using product or what happened after treament?

How did the therpist carry out the treament?

What has client been advised to do? Has the client been into clinic to be check over?

Has client seeken medical advice?

What is next course of action and has the clinic taken any pictures?

Who has been dealing with client and has clinet been refered to anybody else e.g Jane?

Client must recieve advise from clinc and must be called to check how the issue has been resolved daily.

Practitioner signature *

Practitioner name: *: _____