PATIENT INFORMATION SHEET

Patient Name		Age/Sex	yrs ☐ **M/** ☐ **F**	**Hosp ID**	
Referred by		Height			
Hospital		Weight	kg		

Indication Disease/Condition		
Procedure		
Duration of Procedure		
Anesthesia Administered & Dosage		Brand/Generic Batch No Dose Route
Adverse Event observed (if any) ☐ YES ☐ NO	Exp. Date Date	**Seriousness of the reaction** ☐ **YES** ☐ **NO** ☐ Death (dd/mm/yyyy) ☐ Congenital-anomaly ☐ Life threatening ☐ Required intervention to Prevent permanent impairment/damage ☐ Hospitalization/Prolonged ☐ Disability ☐ Other (specify)
Description of ADR (if any)		
Outcomes	☐ Recovered ☐ Recovering ☐ Not recovered ☐ Fatal ☐ Recovered with sequelae ☐ Unknown	
	Has patient had physiological consequence of having vegetables like potato, tomato, peppers, eggplant, etc. ? ☐ **YES** ☐ **NO** Did patient have reactions to pesticides like organophosphates and carbamates ? ☐ **YES** ☐ **NO**	

Any other mentionable events/comments