Tear along the dotted line

Confidential

Yellow Card

Use blue or black ink. Complete all the lines marked with ✳ and give as much other information as you can

1 About the suspected side effect

✳ **What were the symptoms of the suspected side effect, and how did it happen?** If there isn't enough space here, attach an extra sheet of paper.

How bad was the suspected side effect? Tick the box that best describes how bad the symptoms were.

✳ ☐ Mild ☐ Unpleasant, but did not affect everyday activities ☐ Bad enough to affect everyday activities ☐ Bad enough to see doctor
☐ Bad enough to be admitted to hospital ☐ Caused very serious illness ☐ Caused death ☐ Other

When did the side effect start?

How is the person feeling now? Tick the box that best describes whether the person still has symptoms of the suspected side effect.

✳ ☐ Better (no more symptoms) ☐ Getting better ☐ Still has symptoms ☐ More seriously ill ☐ Died ☐ Other

Can you give any more details? For example, did the person take or receive any other treatment for the symptoms? Did they stop taking the medicine as a result of the side effect?

2 About the person who had the suspected side effect

Who had the suspected side effect?

✳ ☐ You ☐ Your child ☐ Someone else

Information about the person Supply as much information as you can, even if you prefer not to give a name.

First name or initials Family name ☐ Male ☐ Female

✳ Age Weight ☐ kg ☐ stones/pounds Height ☐ metres ☐ feet/inches

Any other relevant information? For example, does the person have any medical conditions or allergies?

Make sure you have completed all the lines marked ✳

Please turn over →

3 About the medicine(s) which might have caused the side effect

Give details of the medicine you suspect of causing the side effect.

Name of the medicine ☐ prescription ☐ bought in pharmacy ☐ bought elsewhere ☐ bought on the internet

Dosage (for example, one 250 mg tablet, twice a day)

What was it taken for?

Start date: End date: Did you stop because of side effects? ☐ Yes ☐ No

If you (or the person you're reporting for) were taking any other medicine at the same time (which might have caused an interaction), give details of it. If you need to give details of more than one other medicine, attach an extra sheet of paper.

Name of other medicine ☐ prescription ☐ bought in pharmacy ☐ bought elsewhere ☐ bought on the internet

Dosage (for example, one 250 mg tablet, twice a day)

What was it taken for?

Do you think this medicine might also have caused the side effect? ☐ Yes ☐ No ☐ Possibly

Start date: End date: Did you stop because of side effects? ☐ Yes ☐ No

Have you taken any other medicines or herbal remedies (as well as the above) **within the last 3 months?** ☐ Yes ☐ N

4 About your doctor *(optional)*

Would you like a copy of this report to be sent to your doctor?

☐ Yes ☐ No **If Yes, give the doctor's name and address.**

If you want us to send a copy of this report to any other healthcare professional, attach a separate sheet with their contact details.

If we need more medical information (such as test results), do we have your permission to contact your doctor directly for it?

☐ Yes ☐ No

Doctor's name

Address

Postcode

5 About you — the person making the report

We need contact details — please supply a full postal address, even if you prefer not to give a phone number or email address.

Title First name or initials Family name

Address

Postcode

Telephone number Email address

Please sign and date this form

I agree that the Medicines and Healthcare products Regulatory Agency (MHRA) can contact me to discuss the suspected side effect, and to ask for more information that might help understanding of the case.

Signed Date

Please return this form in the envelope provided to: FREEPOST YELLOW CARD. (No other address details are required)