

Please ensure and confirm that the following essential information is entered into and attached to my medical records. Thank you.



Personal details

Medical practice	
Patient name	
Date of birth	NHS number (UK only)
Patient email	Patient telephone number

Prescription drug details

Drug(s) causing ongoing adverse reactions	
Date started	Date stopped
– or still tapering for (number of months)	

Details of ongoing adverse reactions

Adverse reactions experienced
Diagnosis based on drug/symptomology
System codes – SNOMED SCTID xxxxxxxx, (MedDRA xxxxxxxx – if you have it)
These codes are now on the main SNOMED database. If they do not appear on your local system, you may need to apply for an update.

Signature	Date
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