

呈報與中藥有關的不良反應事故的補充表格

發件人：_____

電話號碼：_____

收件人：衛生署衛生防護中心中央呈報辦公室

傳真：2477 2770 (電話：2477 2772)

第 I 部分 病人臨牀記錄

所呈症狀及發病日期：
相關病歷：
相關用藥記錄：
已進行的檢驗項目及檢驗結果(請提供相關化驗結果副本)：
已給予的治療及現時情況：
跟進計劃：

中藥的英文名稱：	中藥的中文名稱：
中藥的有效成分(如知道的話)：	
據稱用法：	有沒有人也曾使用這種中藥：有／沒有 如有，請提供姓名及電話號碼：
劑量、煎藥方法及持續用藥的時間(如有藥方及煎藥詳情，請連同本表格一併以傳真方式遞交)：	
有沒有人向病人取得藥渣或未煎煮的藥材？有／沒有 (請注意，如有的話，衛生署會分析藥渣及未煎煮的藥材。)	
對中草藥進行的化驗測試(如有的話)及化驗結果(請提供相關化驗結果副本)：	
中藥是否由表列／註冊中醫開處？是／否 應診中醫的姓名及地址：	
藥材舖名稱(如非由應診中醫配發藥材)：	藥材舖地址：

**Supplementary Form for Reporting
Chinese medicine-related Adverse Events**

From: _____

Tel no.: _____

To: Central Notification Office, Centre for Health Protection, Department of Health

Fax: 2477 2770 (Tel: 2477 2772)

Part I Clinical history of patient

Presenting symptoms with date of onset:

Relevant medical history:

Relevant drug history:

Investigation(s) done and results (please provide a copy of relevant laboratory results):

Treatment given and current condition:

Follow up plan:

Part II Details of Incriminated Chinese Medicine (CM)

Name of CM in English:	Name of CM in Chinese:
Active ingredients of the CM (if known):	
Supposed indication for use:	Any people with same exposure: Y/N If yes, please provide name(s) and tel. nos.:
Dosage, preparation method and duration of consumption (please <i>fax the prescription sheet</i> and details of preparation together with this form if available):	
Any remnants or raw herbs collected from the patient? Y/N (Please note that DH will analyse the contents of the remnants and raw herbs if available.)	
Laboratory tests done on the herbs (if any) and results (please provide a copy of relevant laboratory results):	
Is the CM prescribed by a listed / registered CM practitioner? Y / N Name and address of CM practitioner whom the patient consulted:	
Name of herbal shop (if not dispensed by CM practitioner):	Address of herbal shop: