



Government of Nepal  
Ministry of Health  
**Department of Drug Administration**

## Adverse Drug Reactions Reporting Form

Hospital record No. or chart No. or patient ID No. \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Sex: F/ M Age \_\_\_\_\_

Description of the adverse reaction/s: \_\_\_\_\_ Onset date of reaction: \_\_\_\_\_

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Information on Suspected Medicine				
Medicines (Brand & Generic Name, Manufacturer, Batch No., Dosage Form)	Daily dosage	Date started	Date stopped	Reason for use

Additional relevant information (eg. medical history, test result, known allergies, drug interactions)

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Reported by: Name: \_\_\_\_\_ Hospital / Department: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_