



How is the person who had the suspected adverse effect ?

- 1 Recovered completely
- 2 Recovered but with some lasting effects
- 3 Getting better
- 4 Still has reaction
- 5 Other

Please describe the suspected adverse effect and any treatment received to ease it / advice given

Please tell us whether the suspected adverse effect caused the person to discontinue laser therapy / photomedicine treatment. Please attach separate sheets if necessary.

Other medical information

Does the person reporting the suspected adverse effect have any other current medical condition(s)? If so, please list them

Please tell us any other information that you think could be important, including any allergies that the person may have.

Other questions

1. Was a doctor or other health professional told about the suspected adverse effect.

Yes No Don't Know

If yes did the health professional complete a Laser Therapy Patient Adverse Effect "Yellow Card" Report

Yes No Don't Know

2. Are you happy for Yellow Card to contact you in the future to discuss the suspected adverse effect or ask for more information?

Yes No

3. Would you like a copy of this report to be sent to your Doctor? Yes No

4. If we need further information (e.g. medical information or test results) do we have your permission to contact your doctor directly for it? Yes No

Doctor's name Address

If you would like us to send a copy of this report to another health professional, please attach a separate sheet with their contact details