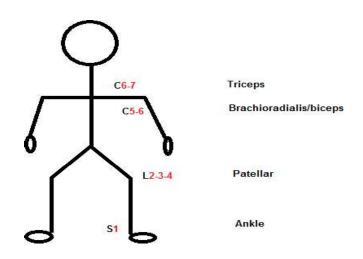


1. Reporter Details						☐ Initial] Follow-	·up
Reporter Name:				E-mail:					
Contact address:					Telephone number:				
					Fax number:				
Type:	ılty): _				☐ Consumer or		ealthcare 1	profession	nal
☐ Pharmacist					☐ Other (Specify)				
If reporter is a consumer, have the	ey infori	med their	physician (of th	ne exposure?	☐ Yes ☐ No			
Has the consumer provided perm	ission to	contact t	heir health	care	professional?	□ Y	es	□ No	
If yes, please provide healthcar	e profes	sional co	ntact detai	ils:					
Name:		Type:			Telephone:				
Address:						Email:			
A.D. (1.) D. (1.)									
2. Patient Details Date of birth		A 00			Haight (am	<u>, </u>	W	ai aht (Isa	
(Day/Month/Year)		Age			Height (cm	Weight (kg		eight (kg	,
(Sujinienus 10m)		Yrs/mo.							
3. Suspect Product Details									
Name Strength	Dos	Route Indication		n	Treatment	Treatment end date		Lot Exp.	
Traine Strongth	e				Start date	(day/month/year)		200	date
					(day/month/year)				
1.									
2.									
3.									
4. Peripheral Neuropathy Ass	essment	t							
Symptoms									
☐ Loss of sensation					Tingling				
☐ Lancination					Muscle weakness				
☐ Lack of coordination				+	Numbness				
Pain					Burning sensatio	n			
Other relevant symptoms									
EXAMINATION of NERVOUS SYSTEM									



DEEP TENDO REFLEXES	ON Right	Left
Biceps		
Triceps		
Brachioradialis		
Knee Jerk		
Ankle Jerk		
OTHER REFLEXES	Right	Left
Plantar Response		
Superficial Reflexes		
Cranial Nerves		



SENSORY EXAMINATION



RIGHT MOTOR KEY MUSCLE Blow fraces C5 UER What exhauses C6 Blow astatoes C7 Fisger flacers C8 Finger abductors one tope T1	C2	SENSORY REY SCHOOL FOR Upt South (J.T.) Fin Pice	C2 C3 C4 C5 Exour flexion C6 What automates C7 Exour elements C8 Finger flexion T1 Finger automates alone legel
Commission by Model Research 1977 Parity	T2 T3 T4 T5 T6 T7 T8 T9 T10 T11 T12	o Key Samory Points	T2
RIGHT TOTALS	\$2 \$3 \$4-5		L2 My Resors L3 Knot orderages L4 Annie desefferers (Lamer Extremity Lett) L5 Long for extresors S1 Ankle planter fleuces S2 S3 S4-5 (DAP) Deep Anal Presence (Mex.No) LEFT TOTALS
MOTOR SUBSCORES UER + UEL = UEMS TOTAL (50)	500 (50) (50) (50) LER	SENSORY SUBSCORES LIN + LIN = LF FOTAL (20) MAR (300) (500	
NEUROLOGICAL R LEVELS 1. SENSORY 2. MOTOR 2. MOTOR 2. MOTOR 3. MOT	1. NEUROLOGICAL LEVEL OF IMARRY (NLI)	4. COMPLETE OR INCOMPLETE?	th complete relation and the second s

5. Test Results									
	Date (1-2-/2-2-41-/2-2-2)	Results	Normal Range						
Names and dustion studies	(day/month/year)								
Nerve conduction studies									
Other relevant test details:									



6. Medical History									
Patient's	concomitant conditions, releva	nt medical history, kn	own risk	factors, relevant to	ests, and laboratory	y data.			
☐ Viral i	llness		☐ Diabetes						
☐ Autoin	☐ Autoimmune disease ☐ Kidney disorders								
☐ Liver o	lisorders		□ Vascı	ular and blood dis	orders				
☐ Stroke			☐ Seizu	re					
□ Nerve	injury		☐ Toxic	exposure					
	thesia use/Surgery		☐ Drug	•					
□ Injury/				nol use: Glass/day					
	evant medical history:	I		•					
Risk Fact	ors								
7. Treatn									
Treatmen	t provided for the Peripheral N	leuropathy:							
8. Details	s of Adverse Events								
Adverse	Start Date	Stop Date		II amitalization	Outcome	Event			
Event	(day/month/year)	(day/month/yea	ar)	Hospitalization	Outcome	Causality			
				□ Yes	☐ Recovered /	☐ Related			
				□ No	Resolved	□ Not			
				If yes, provide	□ Recovered /	Related			
				dates of	Resolved with				
				hospitalization.	Sequelae	Unknown			
					☐ Recovering				
					/Resolving				
					□ Not				
					Recovered /Not				
					Resolved				
					☐ Fatal				



8. Details of Other Adverse Events									
Adverse Event		Start Date /month/year)		Stop Date (day/month/year)		Hospitalization		ne	Event Causality
Lvent	(day/III	onth/year)		day/month/year)			□ Unk	nown	Causanty
					☐ Yes☐ No If yes, prodates of hospitaliz		Resolve Resolve Sequelar Resolve Resol	covered / ed with ae covering ving Not ered/Not ed 1	□ Related □ Not Related □ Unknown
					☐ Yes☐ No If yes, prodates of hospitaliz		Resolve Resolve Sequelar Resolve Resol	covered / ed with ae ecovering ving Not ered/Not ed 1	□ Related □ Not Related □ Unknown
9. Conco	mitant Drugs	& Theranies							
9. Concomitant Drugs & Therapies Name Dose			Indication	Treatmen (day/mon		te	Treatment of (day/month		
10. Comp	oleted By								
Name:	•		Sign	ature:		Date (o	lay/mont	th/year):	