WOCKHARDT

IN CONFIDENCE

DOMPERIDONE (HEART ASSOCIATED EFFECTS) FOLLOW UP FORM FOR NON HEALTHCARE PROFESSIONALS	WOCKHARDT UK LIMITED Drug Safety and Information Department Wockhardt UK Limited Ash Road North, Wrexham, LL13 9UF Tel: +44 1978 661261 Fax: + 44 1978 669 430 Email: drug.safety@wockhardt.co.uk

I. PATIENT AND REACTION DETAILS

PATIENT INITIALS	SEX M/F	AGE AT TIME OF REACTION (Yrs)	WEIGHT (kg)	COUNTRY REACTION OCCURRED	START DATE FOR REACTION Day	Month	Year
					END DATE FOR REACTION Day	Month	Year

DETAILS OF REACTION (i.e. effects experienced on the heart):	TICK IF APPLICABLE TO THE REACTION(s) EXPERIENCED BY PATIENT:	WAS THE REACTION(s) CAUSED BY DOMPERIDONE?
	☐ PATIENT DIED	DEFINITELY ☐
	☐ INVOLVED OR PROLONGED HOSPITALISATION OF PATIENT	POSSIBLY ☐
		UNLIKELY ☐
	☐ INVOLVED PERSISTENT OR SIGNIFICANT DISABILITY OR INCAPACITY	**PATIENT OUTCOME:**
		RECOVERED ☐
	☐ LIFE THREATENING	RECOVERING ☐
	☐ SERIOUS OTHER* (*in order to prevent one of the above outcomes, medical or surgical intervention was required)	UNKNOWN ☐

II. DOMPERIDONE PRODUCT DETAILS

DOMPERIDONE PRODUCT NAME (e.g. Domperidone 10mg Tablets) AND BATCH NUMBER (where available):

CONDITION DOMPERIDONE USED TO TREAT:	DAILY DOSE OF DOMPERIDONE:	DID EFFECTS ON HEART STOP AFTER STOPPING DOMPERIDONE? YES ☐ NO ☐ NA ☐
DOMPERIDONE THERAPY DATES (i.e. start date & if applicable, stop date): Start: ____________________ Stop: ____________________	**DURATION OF TREATMENT WITH DOMPERIDONE:**	

III. OTHER DRUG(s) AND MEDICAL HISTORY

PROVIDE DETAILS OF ALL OTHER DRUGS (prescription, bought 'over-the-counter' or herbal etc.) USED AT TIME OF EXPERIENCING THE REACTION (i.e. the effects on the heart) AND IF AVAILABLE, DATES (ACTUAL OR APPROXIMATE) OF ADMINISTRATION OF THE OTHER DRUGS:

OTHER RELEVANT MEDICAL HISTORY (e.g. details of any heart conditions previously experienced by the patient prior to taking domperidone):

IV. ADDITIONAL INFORMATION

1. TREATMENT DETAILS: Was any treatment provided for the 'heart effects' experienced by the patient after taking domperidone? If so, please provide as many details as possible OR WRITE 'NOT APPLICABLE':
2. WERE THE EFFECTS ON THE HEART EXPERIENCED BY THE PATIENT DIAGNOSED BY A HEALTHCARE PROFESSIONAL? If so, please provide details (e.g. diagnosed by their GP or at the hospital) OR WRITE 'NOT APPLICABLE':
3. IF APPLICABLE, IS A COPY OF THE PATIENT'S HOSPITAL DISCHARGE LETTER AVAILABLE TO ATTACH TO THIS FORM OR WRITE 'NOT APPLICABLE':

V. PATIENT/CARER OR OTHER CONTACT DETAILS

PATIENT, CARER OR OTHER: **Name:** **Telephone:** **Email:**	**RELATIONSHIP (tick as applicable):** ☐ Patient ☐ Patient's carer ☐ Patient's relative (please specify): ___________________ ☐ Other (please specify): _______________________________
SIGNATURE:	**DATE OF THIS REPORT:**