Client reaction report form

FORM TEMPLATE

Check this template against your local regulations and your own policies before you use it.

Name _____ Role _____ Date _____

* Required

Date *

_____

Client *

_____

Service and products used *

_____

The reaction *

What you saw, and what the client told you.

_____

_____

_____

First aid or advice given *

_____

_____

_____

Was the client told to see a doctor? *

☐ Yes ☐ No

Photo

Only with the client's agreement.

Attach: Photo (JPEG or PNG)

Follow-up date

_____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____