Physiotherapy adverse event report form

FORM TEMPLATE

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

Name _____ Role _____ Date _____

* Required

Date of the event *

_____

Patient file number *

Use the file number, not the name, so the report holds as little personal detail as it needs.

Treatment given *

For example, spinal manipulation, dry needling or exercise.

What happened *

The symptoms or event, when they started, and what the patient said.

Severity *

○ Mild: settled without help ○ Moderate: needed treatment or a change of plan ○ Severe: needed urgent medical care

Action taken *

Was the patient referred on? *

☐ Yes ☐ No

Referred to

Follow-up date

_____

Signature *

This report is true to the best of my knowledge.

Signature _____ Name _____ Date _____

For the reviewer

Reviewed by _____ Decision _____ Date _____ Notes _____