



health

Department: Health
REPUBLIC OF SOUTH AFRICA

PARTNER:	
SITE NAME:	
DISTRICT:	
DEPARTMENT:	

SEVERE & NOTIFIABLE ADVERSE EVENT CLIENT LOG

CLIENT NAME				TYPE OF AE		NAME OF CLINICIAN COMPILING REPORT		
CLIENT SURNAME				DATE OF ADMISSION FOR TREATMENT OF AE	YYYY/MM/DD	DESIGNATION OF CLINICIAN COMPILING REPORT		
CLIENT DATE OF BIRTH	YYYY/MM/DD	DATE OF MMC	YYYY/MM/DD	DATE OF DISCHARGE	YYYY/MM/DD	SIGNATURE OF CLINICIAN		
DATE	FINDINGS/DIAGNOSIS	INVESTIGATIONS (incl. RADIOLOGICAL & LAB RESULTS)		TREATMENT (ALL MEDICATIONS ON DRUG CHART)		OUTCOME/PLAN (incl. FINAL OUTCOME, REFERRAL TO SPECIALIST)		COMMENTS
YYYY/MM/DD								
YYYY/MM/DD								
YYYY/MM/DD								
YYYY/MM/DD								