

**YellowCard**<sup>®</sup>

Helping to make medicines safer

# **A side effect from your medicine?**

**Report it on this Yellow Card**



**MHRA**

# What to report

If you think a medicine or herbal remedy has caused an unwanted side effect (an adverse drug reaction), please report the problem on a Yellow Card.

The Medicines and Healthcare products Regulatory Agency (MHRA) is the medicines safety watchdog. The Yellow Card scheme has been used for over 40 years to collect information on suspected side effects from all types of medicines. These include prescription medicines, medicines you can buy without a prescription, and herbal and other complementary remedies.

The MHRA welcomes Yellow Card reports on any suspected side effect. It is especially useful to know about:

- ▶ **a suspected side effect that is not mentioned in the patient information leaflet that came with the medicine; or**
- ▶ **a suspected side effect that has caused problems bad enough to interfere with everyday activities.**

Sometimes it is difficult to tell whether a possible side effect is due to a medicine or something else. Even if you are not sure whether a medicine or combination of medicines has caused a side effect, but suspect it has, please complete a Yellow Card.

# How to report

You can report a suspected side effect:

- ▶ on the attached **Yellow Card form**, which you can send back in the envelope provided – no need for a stamp;
- ▶ on the web at **[www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)**; or
- ▶ to the Yellow Card hotline on freephone **0808 100 3352** during business hours. A translation service is also available on this number for non-English speaking people.

# Who can report?

You can send a Yellow Card report about a suspected side effect experienced by:

- ▶ you
- ▶ your child
- ▶ someone else you are responsible for
- ▶ someone else (such as your spouse or partner, or an adult child), with their agreement.

The MHRA also collects Yellow Card reports of suspected side effects from health professionals such as doctors, pharmacists and nurses.

# Safety of medicines

Medicines are designed to prevent or treat illnesses, or relieve symptoms. Any medicine can cause side effects. Side effects may not be discovered until many people have used the medicine over a period of time. Side effects can occasionally appear after a person has stopped taking a medicine.

You can help to make medicines safer for everyone by filling in a Yellow Card about a suspected side effect.

## More information

If you are worried about a suspected side effect, contact a doctor or pharmacist. You can also get information from:

- ▶ **NHS Direct in England and Wales on 0845 46 47 (textphone 0845 606 4647)\*;**
- ▶ **NHS24 in Scotland on 08454 24 24 24 (textphone 18001 08454 24 24 24)\*; or**
- ▶ **the Yellow Card website at [www.yellowcard.gov.uk](http://www.yellowcard.gov.uk).**

*The MHRA cannot provide medical advice in individual cases.*

\* Calls are charged at BT local rates. Other telephone service providers may charge different call rates.

## What is the MHRA?

The Medicines and Healthcare products Regulatory Agency (MHRA) is the government agency responsible for ensuring that medicines and medical devices work, and are acceptably safe. We keep watch over medicines and devices, and take necessary action to protect the public promptly if there is a problem.

If you would like to report a suspected safety problem involving a medical device or other healthcare product, please call **020 7084 3080**.

For more information on the MHRA and its work visit [www.mhra.gov.uk](http://www.mhra.gov.uk) or telephone **020 7084 2000**.

## Protecting personal information

We ask for contact details so we can get in touch if more information on the Yellow Card is needed. The information you provide will be kept safe, secure and confidential. The MHRA regularly publishes anonymised data on the Yellow Card reports that are received. Your personal data will not be passed to any person outside the MHRA without your express permission.

# Completing the report

Complete as much of the form as possible, and return it to the MHRA in the envelope provided – no need for a stamp. If you need help in completing the form, please call the Yellow Card hotline on freephone **0808 100 3352**. If you need more space in any section of the form, please enclose a separate piece of paper attached to the Yellow Card report.

If you wish to report a suspected side effect, but do not wish to tell us your name, please ask someone else to complete the form on your behalf. We may need to contact this person for further information about the report.

The MHRA will acknowledge all Yellow Card reports received, and will send you a copy of the Yellow Card report you have completed for your records. If you are completing this report about someone else (for example, your partner, an adult child or someone you look after), we will send you an additional copy of the report for that person to pass to their health professional if they wish.

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Reports can also be made:

- ▶ by freephone on **0808 100 3352**
- ▶ on the web at **[www.yellowcard.gov.uk](http://www.yellowcard.gov.uk)**



COMMITTEE ON SAFETY  
OF MEDICINES



# Patient Yellow Card report

Please fill in this form clearly in blue or black ink.

## About the person completing the Yellow Card report

### 1 Please tell us about yourself.

Family name  First name

Address

Postcode

Telephone number  Email address

## About the person who had the suspected side effect

### 2 Who had the suspected side effect? (Tick one)

You  Someone else you are responsible for

Your child  Someone else with their agreement

### 3 Tell us more about the person who had the suspected side effect (you do not have to give their name).

Family name

First name

Weight  Height

Age  Male  Female

## About the medicine(s) you think caused the side effect

(If you are unsure, you can list more than one medicine. If more than two medicines, please attach separate sheets.)

### 4a Medicine 1

**Name of medicine** (you can find this information on the label or pack. For herbal or complementary remedies, please list ingredients if possible).

**What was the dosage of the medicine?** (e.g. one 250mg tablet, three times a day, for seven days)

**When was the medicine started?**

**What was it used for?**

### How did you get the medicine? (circle one)

- (a) prescription, (b) bought in a pharmacy,  
(c) bought in another shop,  
(d) other (please describe)

### In what form was the medicine used? (circle one)

- (a) tablet, (b) capsule, (c) liquid medicine by mouth,  
(d) cream or lotion, (e) eye drops, (f) patch, (g) injection,  
(h) other (please describe)

**Have you stopped taking the medicine?** Yes  No   
**If Yes, when?**

### 4b Medicine 2 (if necessary)

**Name of medicine** (you can find this information on the label or pack. For herbal or complementary remedies, please list ingredients if possible).

**What was the dosage of the medicine?** (e.g. one 250mg tablet, three times a day, for seven days)

**When was the medicine started?**

**What was it used for?**

### How did you get the medicine? (circle one)

- (a) prescription, (b) bought in a pharmacy,  
(c) bought in another shop,  
(d) other (please describe)

### In what form was the medicine used? (circle one)

- (a) tablet, (b) capsule, (c) liquid medicine by mouth,  
(d) cream or lotion, (e) eye drops, (f) patch, (g) injection,  
(h) other (please describe)

**Have you stopped taking the medicine?** Yes  No   
**If Yes, when?**

## Other medicines

### 5 Please tell us about any other medicines or remedies used within three months of having the suspected side effect. Please attach separate sheets if necessary.

Name of medicine	Dosage	Date started	Date stopped	What used for
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## About the suspected side effect

**6** When did the suspected side effect start?

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**7** How bad was the suspected side effect? (Tick one)

- Mild or slightly uncomfortable
- Uncomfortable, a nuisance or irritation, but able to carry on with everyday activities
- Bad enough to affect everyday activities
- Bad enough to be admitted to hospital
- Life-threatening
- Caused death

Has the suspected side effect stopped? Yes  No   
If Yes, when did it stop?

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**8** How is the person who had the suspected side effect now? (Tick one)

Recovered completely

.....

Recovered but with some lasting effects   
(please describe below)

.....

Getting better  Still has reaction  Other   
(please describe below)

.....

**9** Please describe the suspected side effect and any treatment received, and tell us whether the suspected side effect caused the person to stop taking the medicine. Please attach separate sheets if necessary.

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## Other medical information

**10** Please tell us any other information that you think could be important, including any other medical condition or allergies that the person may have.

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## Other questions

**11** Was a doctor, pharmacist or other health professional told about the suspected side effect?

Yes  No  Don't know

**12** If Yes, did the health professional complete a Yellow Card report?

Yes  No  Don't know

**13** Are you happy for the MHRA to contact you in the future to discuss the suspected side effect or ask for more information?

Yes  No

*If this report is about you or your child please answer **14** and **15** before signing at **16**. If the report is about someone else, please go straight to **16**.*

**14** Would you like a copy of this report to be sent to your doctor? Yes  No

**15** If we need further information (e.g. medical information or test results), do we have your permission to contact your doctor directly for it? Yes  No

If Yes to **14** and/or **15**, please give your doctor's contact details.

Doctor's name

Address

.....

.....

.....

Postcode

If you would like us to send a copy of this report to another health professional, please attach a separate sheet with their contact details.

ALL REPORTS

**16** Signature

Date