

FOLLOW-UP FORM FOR SUSPECTED ADR AFTER PROCYSBI

Questionnaire for detailed follow-up of **Ehlers-Danlos-like syndrome**

Patient Details :

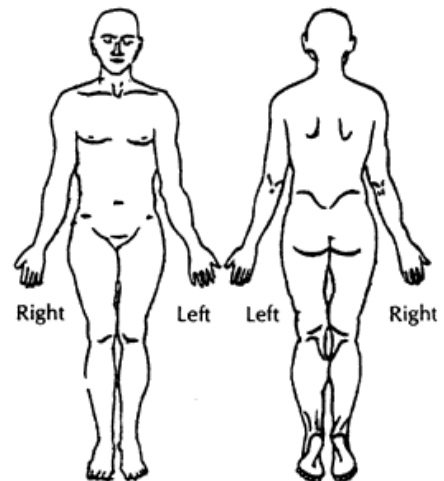
Patient	Male	☐
	Female	☐
Age at time of event or DOB		
Hosp / ID No:		

Adverse Reaction Description	
Start date	Stop date (dd/mm/yy)

Clinical Exam :

Please tick to show where skin lesions are located on the map.

- | | | |
|-------------------------------------|--|---------------------------------------|
| ☐ Whole body | ☐ Left arm | ☐ Right arm |
| ☐ Scalp | ☐ Left hand | ☐ Right hand |
| ☐ Face | ☐ Left palm | ☐ Right palm |
| ☐ Chest | ☐ Left foot | ☐ Right foot |
| ☐ Abdomen | ☐ Left axilla | ☐ Right axilla |
| ☐ Genitalia | ☐ Left sole | ☐ Right sole |
| ☐ Back | % of body surface area covered? | |



Please indicate any facial involvement

Please indicate skin appearance ☐Bruising ☐Visible veins ☐Ruptured vessels ☐Thin skin
☐Haematoma

Have there been any signs of intestinal perforation? ☐Yes ☐No

Please indicate what symptoms and signs there have been including time of onset and outcome

Please indicate any uterine signs ☐Yes ☐No

Please indicate what symptoms and signs there have been including time of onset and outcome

Past Medical History :

Is there a relevant medical history such as: ☐ Mitral valve prolapse ☐ Pneumothorax ☐ Haemoptysis

Management of suspected adverse reactions : (including medication, dose, route and duration)

Please use reverse and/or separate sheet for additional details

Reporting ☐ doctor ☐ pharmacist ☐ other: _____	Contact details (email or phone)
Name: _____	
Address: _____	

Postcode: _____ Signature _____	Date: _____ (dd/mm/yy)