

<b>PHARMACY INCIDENT REPORT</b>  PHARMACY.....	CLIENT SURNAME .....
	FIRST NAME .....
	DOB ...../...../..... GENDER .....

**PHARMACY DETAILS**

Name \_\_\_\_\_

Pharmacy Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

**DOSING DETAILS**

Pharmacotherapy \_\_\_\_\_ Dose \_\_\_\_\_

Prescribing GP \_\_\_\_\_ HDWA \_\_\_\_\_

**DATE OF INCIDENT** \_\_\_\_\_

Please be advised that the above client:

- |  |  |
|--|--|
| <input type="checkbox"/> is suspected of diversion             | <input type="checkbox"/> is suspected of stealing                          |
| <input type="checkbox"/> has been caught diverting             | <input type="checkbox"/> has been caught stealing                          |
| <input type="checkbox"/> has been verbally/physically abusive  | <input type="checkbox"/> has missed >2 daily doses in the past month       |
| <input type="checkbox"/> has presented in an intoxicated state | <input type="checkbox"/> has demonstrated behaviour indicating instability |
| <input type="checkbox"/> has payment issues at this pharmacy   | <input type="checkbox"/> <b>has been dosed in error</b>                    |

**OUTCOME**

- has been referred to the prescriber for review
- has been given a warning
- may no longer dose at the above pharmacy
- police called
- is banned from being on the premises of the above pharmacy (provide details below)
- Recommended Action Plan Guide** completed for all errors of medication

**DETAILS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pharmacist Name \_\_\_\_\_ Pharmacist Signature \_\_\_\_\_ Date of Report \_\_\_\_\_

**Fax a copy** of this Incident Report to CPP on (08) 9471 0444 **and Fax a copy** to the prescriber  
**Retain original in client record**