

Provider Long Form

Complete ONLY for Moderate, Severe or Serious Adverse Events

Please consider completing online at:

<https://redcap.med.ualberta.ca/surveys/?s=mx4QVH> or scan this:

General Adverse Event Narrative

1) Please describe what happened. (Include date of onset, manual therapy technique/location, treatment schedule, patient's response, tests done to evaluate the symptoms, and all actions taken.)

2) How long after treatment did the adverse event occur? _____ Hours OR _____ Days

3) In your opinion, what may have contributed to the adverse event?

Patient Characteristics – Please describe what was known *PRIOR TO* treatment

4) Reason of patient visit: _____

5) What was patient's specific diagnosis for treatment? (Include details such as acute/chronic/recurring, what symptoms they had, and what diagnostic tests were done prior to treatment.)

Please con't on back