



## ADVERSE INCIDENT REPORTING FORM

Please fill out an incident form for all patients who attend your practice and who suffer from issues related to problems with an optical device dispensed to them. With respect to contact lenses - corneal insult of any kind, inability to insert & remove, and for eyeglasses – substandard product, poorly produced lenses, incorrect powers, PDs and anything that does not meet the standard of dispensing established by Canadian regulatory bodies.

**Patient Information:** For privacy compliance please do not submit patient information. Assign a case or file number for ease of reference. If in the future specific patient information is required, patient consent will be sought.

File/Case Number \_\_\_\_\_ Age \_\_\_\_\_

Dispensary Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal code \_\_\_\_\_

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

Email \_\_\_\_\_

Date of Report \_\_\_\_\_

Date of previous visit to ECP \_\_\_\_\_

Source of eyewear (optional) \_\_\_\_\_

Source of PD:  ECP  Patient

Source of Rx:  ECP  Patient

### Eyeglasses

Type of lens:  S/V  Multifocal

#### Major Issue:

- PD
- Height
- Power
- Fit
- Other \_\_\_\_\_

**Contact Lenses**

- First time wearer       Previous wearer

**Major Issue:**

- Fit
- Power
- Other

**Type:**

- Clear
- Coloured
- Plano cosmetic

**Patient Symptoms/Complaint (EG or CL related):**

**Action Required/3<sup>rd</sup> Party Referral:**

**OTHER NOTES** \*do not include any identifying information about patient

Please email, fax or mail each completed form to: NACOR, Suite 2709 – 83 Garry Street, Winnipeg MB R3C 4J9  
Fax: (204) 949-9153 Email: [general@nacor.ca](mailto:general@nacor.ca)

**INFORMATION FOR PRACTITIONER AND PATIENT  
FOR PRACTITIONER'S RECORDS ONLY - DO NOT SUBMIT THIS PAGE TO NACOR**

**Purpose**

Canadian eye care regulators are collecting data for a study that reviews the number of adverse incidences for patients that use the services of a regulated eye care professional as well as those patients who have sought their eyewear through unregulated sources. This report is not a punitive exercise but rather an attempt at gathering current data regarding risk of harm.

This form is not a vehicle to report misconduct or unauthorized practice. If you wish to file a formal complaint or to report unauthorized practice, please contact your respective regulatory authority directly for assistance.

**PRACTITIONERS: Please ensure that you have included the following information on the Adverse Incident Report**

- The eyewear that was actually required in comparison to what was supplied
- Source: was the eyewear acquired through a regulated or unregulated provider
- Problems encountered
- The date of the consumer's prescription
- The date of the last visit to an eye care professional
- Whether there had been any previous fitting for the actual contact lenses that were supplied
- Age of the client

**PATIENT CONSENT – FOR PATIENT TO READ AND SIGN**

I understand and agree that the information reported above may be provided to NACOR as part of a study, but that my name and contact information will not be disclosed to NACOR. I understand that no further use of my personal information will be made in relation to the NACOR study without my advanced, written consent.

I also understand that this report will not result in any regulatory action against any health care provider unless the practitioner I made this report to decides to file a complaint. If I wish to make a complaint, I understand that I must contact the appropriate regulatory body (e.g., College of Opticians, College of Optometrists).

\_\_\_\_\_  
**Name of patient**

\_\_\_\_\_  
**Date**