

Potential Case of Harm

Confidential Documentation of Potentially Harmful Nutrition Information and/or Products

Steps for submission:

1. Download the Potential Case of Harm form
 2. Complete all known information
 3. Save and submit via one of the following methods:
 - a. Email to IAND Executive Director: iand_exec@eatrightin.org
 - b. Mail to IAND Executive Director:
Lorna O'Connell, MS, RDN, LD, CD
Executive Director
2860 W. Shore Dr.
Crawfordsville, IN 47933
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I. **Background Information**

- Recordkeeping
 - Date of Incident:
 - Date of Report:
- Identification
 - Name of Consumer/Patient (optional):
 - Age:
 - Sex (Male/ Female):
 - City of Occurrence (Indiana):
- Person Filing the Report
 - Name and Credentials:
 - Address:
 - Daytime Phone #:
 - Evening Phone #:

II. **Diagnosis History**

- Was the consumer/patient diagnosed with any specific disorder by a licensed health professional prior to this interaction with the questionable practitioner/salesperson (Yes/No)?
 - If yes, what were the credentials of the individual providing the diagnosis?
 - What was the diagnosis/ complaint?

III. **Suspected Nutritional Misinformation/Harm**

- Type of Harm (Check all that apply):
 - Physical
 - Emotional
 - Financial
 - Nutritional

- Source of Nutritional Advice (Check all that apply):
 - Chiropractor
 - Acupuncturist
 - Herbalist

 - Brochure/ Magazine
 - Newspaper
 - Radio/ Television
 - Naturopathic Doctor
 - Medical Doctor
 - Nurse

 - Pharmacist
 - Physical Therapist
 - Health Food Store

 - Other (Please explain below):

- What credentials were provided to the consumer/patient upon interaction with the questionable nutrition provider/salesperson?

- Did the questionable practitioner/salesperson obtain one or more of the following?
 - Diet history (Yes/ No):
 - A medical history including past medical problems (Yes/ No):
 - A list of current medications the consumer/patient is taking (Yes/ No):