

INCIDENT REPORT



Client Name: _____

Home Address: _____

City, State, Zip: _____

Completed By (name & title): _____

Date of Incident: _____ Time of Incident: _____

Exact Location of Incident: _____

Was someone injured during this incident? No Yes

(Complete an Injury Report for any visible injuries.)

Name of Nurse Notified: _____

Date of Birth: _____

Phone: _____

Caregiver: _____

Today's Date: _____

Restraint: Chemical | Physical | Mechanical
(circle one)

Was a BMP followed? No Yes

Notified within 1 hour? No Yes

Behavioral Issues

- Aggressive Towards Peers
- Property Damage
- Inappropriate Elimination

- Aggressive Towards Staff
- Elopement
- Inappropriate Sexual Behavior

- Self-Injury
- Suicidal Behavior
- Inappropriate Language

Repeated Refusals

- Medications
- Chores

- Training Goals
- Food Served

- Attend Work/School/Day Hab
- Attend Appointment/Therapy/Counseling

Please describe the incident in detail. Include names of all staff and other clients (**initials only**) involved, as well as any other witnesses. In the description, please address the following questions... What was the client doing right before the incident? What did you do to stop the behavior? Was anyone physically injured during the incident? Was the client apprehended or transported to another location? Please use additional sheet of paper if needed for additional space.

OFFICE USE ONLY:

Critical Incident Report Required: No Yes Date Reported: _____

Nurse Notes: _____

Nurse Signature: _____

Date: _____

INJURY REPORT



Client Name: _____

Home Address: _____

City, State, Zip: _____

Completed By (name & title): _____

Date of Injury: _____

Time of Injury: _____

Exact Location of Injury: _____

Date of Birth: _____

Phone: _____

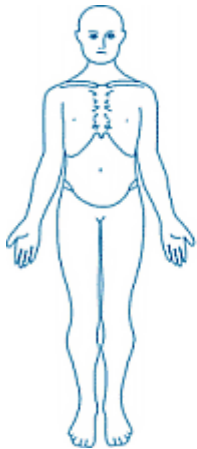
Caregiver: _____

Today's Date: _____

Transported to a hospital or clinic?

No Yes: _____

Please illustrate on the diagram the location of any injuries visibly seen as a result from the mentioned incident. Describe the incident and the injury in detail, including how it happened and what was done to treat it. Include names of staff contacted, and the instructions given with regards to the injury/incident. In the description, please address the following questions... What was the client doing right before the injury? Did the client lose consciousness at any time? Does the client demonstrate any odd or concerning behavior, such shortness of breath, shaking, slurring speech, etc.? Please use additional sheet of paper if needed space.



Name of Nurse Notified: _____

Date Notified: _____

OFFICE USE ONLY:

Physician Notified of Injury: Not Necessary Yes Date Notified: _____

Physician's Name: _____ Phone: _____

Nurse Notes: _____

Critical Incident Report Required: No Yes Date Reported: _____

Nurse Signature: _____ Date: _____