

Patient Incident/Accident Report

Facility:					
					·
Employee Name:				Full Time/PRN:	
	Job Title:	」 _			
	Length of Time in this	Position:			
Supersivor Name:					
Patient Name:				Male/Female:	
Patient Name.	Patient Age:	I I		Patient Weight:	
	ratient Age.			Patient weight.	
Today's Date:		1			
Date of Incident:		1			
Time of Incident:		am	pm		
Statement of Inciden	t; What happened; Wh	y it happened; C	auses; Equ	ipment Used	

Location of Incident within the facility?		
Was the patient injured? Yes/No	Type of Injury:	
	1. Lacertion	
Gait Belt in use? Yes/No	2. Hematoma	
	3. Abrasion	
	4. Burn	
Location of Injury:	5. Swelling	
	6. Skin Tear	
\circ	7. None Apparent	
Front Back Was therapist following Physician approved POC & Observed Details if needed:	8. Other (Spefify below	Yes/No
	ust be notified & Workers Comp Inci	
Was first aid adminstered? Yes/No If Yes, type of care provided, by whom, & time provided:		
Did incident result in a patient transfer out of facility for If yes, provide details:	medical care? Yes/No	l

Incident Witness?	Yes/No If Yes, Witn	iess Name:	
Was Administration at	Facility Notified?	Yes/No]
Was Facility Incident/A	Accident Report Compl	leted?	Yes/No
			
Was Area Director Noti	ified? Yes/No	If Yes, Date	
		Via Email, F	ax, Phone, In Person (Circle One)
Signature of Employee		Date:	-
Signature of Employee		Date.	
			_
Signature of Supervisor		Date:	-
Companies Statements			
Supervisor Statement:			
			_
Supervisor Signature		Date:	-
Corporate Use Only:			
			AD Investigation Required? Yes/No
Area Director Signature	·	Date:	If Yes, Report Completed? Yes/No
Alea Director Signature		Dute.	ii les, report completed.
			Clinical Investigation Required? Yes/No
Clinical Specialist Signat	ture	Date:	If Yes, Report Completed? Yes/No
			Did incident result in disciplinary action
President Signature		Date:	for Employee? Yes/No
			Discipliary Action Taken:
Follow Up Required?	Yes/No	1	Investigation Completed? Yes/No
Details for Follow Up,	. 30,	i	investigation completes.
Liability Insurance Com	pany Notified?	Yes/No	Date Notified,
Liu.	pany neumon	100,	Notified by Whom,

Statement of Witness to Patient Incident:

Date of Incident: Time of Incident:		happen?	he incident Yes/No	involving the	patient	
Describe the incident?	What did you see, hea	r, do, etc?				
Witness Signature]	Date:				