

Client Incident Report Form

This form must be completed within 24 hours of an event and submitted to Assisting Angels for review. You must call Assisting Angels IMMEDIATELY to report any incident then fill out this form and bring it to the office.

Date of event _____ Date received by Assisting Angels: _____

Caregivers are required to report any situation they are involved in that results or has the potential to result in an adverse patient outcome.

1. **All patient falls or injuries must be reported immediately**, even if you were not there to witness it.
2. Any medication error regardless of whether a negative outcome occurred must be reported to Assisting Angels.

Please print clearly.

Caregiver Name:	Date & Time of Incident:
Client Name:	Client Address:
Other individuals involved:	

Where did incident happen?

Describe the incident: *use additional pages if necessary* (State all parts of body and type of injuries involved. What happened? Where were you, and what were you doing at time of incident?)

Did you report the incident to an Assisting Angels Supervisor? Who?

Was Medical treatment provided for this injury?

If yes, name and location of medical provider: (ex: hospital name, doctor name, nurse at facility, etc.)

Caregiver Signature

Supervisor Signature

Date