



CLIENT INCIDENT REPORT

Incident: Any occurrence that may have potentially adverse consequences or is not consistent with usual operations. This may include vehicle accidents and property loss/damage.

****DFPS must be contacted within 1 Hour of suspected abuse, neglect and exploitation*******

Date of Incident: ___/___/___ Consumer (Initials only): ___ ALA Project # [_____] External Network Provider Unit # _____
 Time of Incident: _____ am/pm ID#: _____ DOB: ___/___/___
 Location: Project # _____ Sex: Male Female Date Writing Report: ___/___/___
 Address: _____ Employee Writing Report: _____ Emp ID #: _____
 Area/Room: _____ (Signature)
 Outdoor Area: _____ Print Name: _____ Phone#: _____

NATURE OF INCIDENT (Circle ALL that apply)				PERSONS INVOLVED	
<p>DEATH</p> <p>01 Homicide</p> <p>02 Suicide</p> <p>03 Natural</p> <p>INJURY</p> <p>04 Abrasion</p> <p>05 Bite</p> <p>06 Bruise</p> <p>07 Burn</p> <p>08 Choke</p> <p>09 Cut</p> <p>10 Dislocation</p> <p>11 Fracture</p> <p>12 Puncture</p> <p>13 Redness</p> <p>14 Scratch</p> <p>15 Sprain</p> <p>16 Strain</p> <p>17 Swollen</p> <p>18 None Apparent</p> <p>19 Other</p>	<p>MEDICAL PROBLEM</p> <p>20 Allergic Reaction</p> <p>21 Cardiopul. Arrest</p> <p>22 Faint</p> <p>23 Infection</p> <p>24 Pain</p> <p>25 Seizure</p> <p>26 Stroke</p> <p>27 Weak</p> <p>28 Other</p> <p>MEDICATION</p> <p>29 Adverse reaction</p> <p>30 Given after discontinue</p> <p>31 Lost/Missing</p> <p>32 Not given</p> <p>33 Med Refused</p> <p>34 Wrong dose</p> <p>35 Wrong medication</p> <p>36 Wrong person</p> <p>37 Wrong Route</p> <p>38 Wrong Time</p> <p>39 Transcription error</p> <p>40 Other</p>	<p>PROPERTY</p> <p>41 Damage (AACOG)</p> <p>42 Damage (Personal)</p> <p>43 Loss (AACOG)</p> <p>44 Loss (Personal)</p> <p>PSYCHOSOCIAL</p> <p>45 Absent w/o OK</p> <p>46 Assaultive Behav.</p> <p>47 Drug overdose</p> <p>48 Emergency</p> <p>49 Escape</p> <p>50 Threats</p> <p>51 Other</p> <p>RIGHTS</p> <p>52 Alleged Abuse</p> <p>53 Alleged Neglect</p> <p>54 Alleged Exploitation</p> <p>55 Grievance</p> <p>56 Other</p>	<p>VEHICLE</p> <p>57 Accident (AACOG)</p> <p>58 Accident (Personal)</p> <p>OTHER</p> <p>59 Record Missing</p> <p>60 Consent not signed</p> <p>61 Illegal Behavior</p> <p>62 Lost Specimen</p> <p>63 Needle stick</p> <p>64 Wrong Treatment</p> <p>65 Privacy Violation</p> <p>66 Info Security Viol.</p> <p>67 Phys. Security Viol.</p> <p>68 Other</p>	<p>Consumer 2 ID#: _____</p> <p>Consumer 3 ID#: _____</p> <p>Consumer 4 ID#: _____</p> <p>Staff (Name): _____</p> <p>Family (Name): _____</p> <p>Guest/Visitor (Name): _____</p> <p>Other (Name): _____</p> <p>122 Did staff use/attempt PMAB? [] Yes [] No [] N/A</p> <p>123 Did consumer have behavior treatment plan for behavior involved? [] Yes [] No [] N/A</p> <p>Witness (Name): _____</p> <p>Address: _____</p> <p>Work Phone: _____ Home Phone: _____</p> <p>Address: _____</p> <p>Work Phone: _____ Home Phone: _____</p> <p>Police Officer: (Name) _____</p> <p>Badge #: _____ Report #: _____</p> <p>Staff Notifying Police: (Name) _____</p>	

PROBLEM SOURCE (Circle ALL that apply)				AACOG PROPERTY DAMAGE/LOSS	
<p>69 Animal</p> <p>70 Caught in/under/ Between</p> <p>71 Chemical</p> <p>72 Contract w/electricity</p>	<p>73 Equipment</p> <p>74 Fall</p> <p>75 Fire/Flame/Smoke</p> <p>76 Foreign object</p> <p>77 Friction</p>	<p>78 Hair Pull</p> <p>79 Hit/Slap/Struck</p> <p>80 Insect</p> <p>81 Kicked</p> <p>82 Pushed</p>	<p>83 Restraint</p> <p>84 Seclusion</p> <p>85 Self-injury</p> <p>86 Other</p>	<p>Item 1: _____ Purchase Date/Cost: _____</p> <p>Serial #: _____ Replacement Cost: _____</p> <p>Department Assigned to: _____</p> <p>Item 2: _____ Purchase Date/Cost: _____</p> <p>Serial #: _____ Replacement Cost: _____</p> <p>Department Assigned to: _____</p>	
BODY PART AFFECTED (Circle ALL that apply)				PERSONAL PROPERTY DAMAGE/LOSS	
<p>87 Right side</p> <p>88 Left side</p> <p>89 Both sides</p> <p>90 Eyes</p> <p>91 Ears</p> <p>92 Nose</p> <p>93 Face</p> <p>94 Mouth/Lips</p> <p>95 Teeth</p>	<p>96 Scalp</p> <p>97 Head</p> <p>98 Neck</p> <p>99 Shoulder</p> <p>100 Upper Arm</p> <p>101 Elbow</p> <p>102 Forearm</p> <p>103 Wrist</p> <p>104 Hand</p>	<p>105 Thumb</p> <p>106 Chest</p> <p>107 Breast</p> <p>108 Back</p> <p>109 Abdomen</p> <p>110 Hip</p> <p>111 Groin</p> <p>112 Genitals</p> <p>113 Buttocks</p>	<p>114 Thigh</p> <p>115 Knee</p> <p>116 Lower leg</p> <p>117 Ankle</p> <p>118 Foot</p> <p>119 Instep</p> <p>120 Toe</p> <p>121 Other</p>	<p>Item 1: _____ Purchase Date/Cost: _____</p> <p>Serial #: _____ Replacement Cost: _____</p> <p>Department Assigned to: _____</p> <p>Item 2: _____ Purchase Date/Cost: _____</p> <p>Serial #: _____ Replacement Cost: _____</p> <p>Department Assigned to: _____</p>	

