

Client's Name:	DOB:	Sex:		
Witness(es) Name(s):				
Date: Time: am/pm	Location of Incident:			
Type of Incident (check all that apply) ☐ Choking ☐ Alleged Abuse / Neglect / Exploitation ☐ Witnessed Fall/slip ☐ Found on Floor ☐ Elopement ☐ Skin Tear / Laceration / Abrasion ☐ Bruise	 □ Behavior Episode □ Medication Error: drug/time/dose/route □ Fracture □ Unexpected or Unusual Death □ Resident to Resident Altercation □ Burn □ Other 			
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INTERVENTION(S):		BPResp	BS	
Transferred to Hospital ☐ Yes ☐ No Name of Hospital:	By Whom:	Date:	Time:	am/pm
Admitted ☐ Yes ☐ No Returned to: Home / Community ☐ Yes ☐ No	Diagnosis:	Date:	Time:	am/pm
Notified CaraVita Office so they can notify Family: Name of CaraVita team member you notified: Was a Family member in the home and notified at the time of Incident in the home and notified at		Date:	Time:	am/pm
If yes, please provide Family Members Name:		Date:	Time:	am/pm
CaraVita Office Notified Family: Yes No By Whom: Family Member Notified:		Date:	Time:	am/pm
Nurse Follow-up Notes: Signature of Person Preparing Report:	By Whom: _	Date:		

