

Privileged and Confidential

Incident Report is not to be filed in client's chart.
Use **black** ball point pen only.

 **ATCMHMR INCIDENT REPORT**

Office use only:

Reporting Program: _____ Prgm #: _____ Site Address: _____

Date of Incident: _____ Time of Incident: _____ am pm Location of Incident: _____

Individuals Involved

Consumer: _____ Cl. # _____ Soc.Sec.#: _____ Consumer's Age: _____

Staff: _____ ID # _____ Witnesses: _____

Description of Incident

Injury requiring medical attention Type of Injury: _____
Action: CPR First Aid Dr. ER/Min. ER Hospital Worker's Comp Other _____

Illness / Medical emergency Type of Illness: _____ Seizure: length of seizure: _____
Action: CPR First Aid Dr. ER/Min. ER Hospital Worker's Comp Other _____

Infection **Contracted:** TB Hepatitis (specify type): _____ Chicken Pox Lice Other _____
 Exposure: TB Hepatitis (specify type): _____ Human Bite Needle stick Blood Other _____
Action: CPR First Aid Dr. ER/Min. ER Hospital Worker's Comp Other _____

Property Center Personal Description: _____ APD report # _____
 Lost Broken Vandalism Theft Burglary Fire Water Wind Bomb threat Other _____

Vehicle Center Personal Yr: _____ Make: _____ Model: _____ VIN# _____ APD report # _____
 Vandalism Theft Citation-Moving Citation-Other Collision w/ vehicle Collision w/ object Other _____
Collision w/ vehicle: Description of vehicle: Yr _____ Make _____ Model _____ Lic Plate# _____
Owner/Address/Tel# _____
Insurance Co/Agent _____

Allegation Rights Neglect Sexual Abuse Physical Abuse Verbal Abuse Exploitation Breach of Confidentiality
Incident reported to: CPS APS APD Other: _____ Report #: _____

Unplanned Departure Attempted Achieved **Disposition:** Returned No Return Discharged

Behavior/Psych Emergency Suicidal Homicidal **by:** Threat Gesture Attempt
 Aggression **type:** Physical Verbal Sexual Self-Injurious Behavior
 Contraband **type:** Drugs Alcohol Knife Sharp Object Matches/Lighter Gun Other
 Other disruptive behavior (give details below)

If MR program, document on Behavior Tracking Form and in Progress Notes. See instruction sheet.

Intervention: Verbal Protection Skills (PMAB) Physical Hold Mechanical Restraint
 Time-Out (describe situation and length in 'Details' section) Chemical Restraint

Type: Emergency Planned Behavior Intervention

Physical Hold Type: Bear Hug Basket Hold **Length:** _____ If >5 min, authorization obtained? Yes No

Death Unk Cause Natural Homicide Accident-cause: _____
 Suicide by: OD Hanging Gun Knife Jumping Fire Other

Details / Other Comments Not Addressed Above - Attach additional pages if necessary.

Signature _____ Title _____ Date _____ Time _____

Contacted / Notified

UM/Supervisor Division Dir. Medical Dir. Parent/Guard Dr. Nurse Psych APD MH Deputy EMS Nursing Coord.
 Human Resources CPS APS Consumer Right Coord. Facilities Dept Dir. of QM TDH Other _____

Unit Manager / Supervisor Review / Follow-Up

Instructions to supervisors: Read the Incident Report to ensure accuracy and completeness (including the checking of appropriate boxes). Below, include your comments (required) regarding the outcome of above incident (current disposition). Attach additional pages if necessary. Form will be routed back if not completed appropriately.

Supervisor's Signature _____ Title _____ Date _____

Routing Instructions - Original: Send one original to the Director of QMPER within 24 hours; P.O. Box 3548, Austin, TX 78764

ATTENTION: DO NOT MAKE COPIES. QMPER WILL ROUTE TO APPROPRIATE INDIVIDUALS OR OFFICES.

MHMR Form #600 (7-00)