



OCCURRENCE DOCUMENTATION

Client Name : _____ Date and Time: _____am/pm

Occurrence Type: Physical injury The unexpected death of a consumer Suspected abuse
 Neglect Mistreatment Solicitation/harassment Fall

Location of Occurrence: _____

Caregiver present at the time of the occurrence: _____

Occurrence was was not observed by Caregiver

Witnesses to Occurrence: No Yes If yes, please list name and phone number below:

1) _____

2) _____

Notifications:

911 Hospice: _____

Family/other: _____ Office: _____

Health Care Practitioner: _____

State entity: _____

Case Note Entry

Reported Client Condition before Occurrence: Alert Confused/Disoriented Uncooperative

Combative/Agitated

Sedated (drug): _____ Other:

Reported Client Condition after Occurrence: Alert Confused/Disoriented Uncooperative

Combative/Agitated Unresponsive

Other: _____

Brief description of Occurrence:

Actions Taken After the Occurrence: None Treatment declined Transported to hospital

Admitted to hospital Follow-up care indicated

Brief description of Client Condition after Occurrence (if appropriate):

Signature/Title of Individual Completing Incident Report

Date