**Injury / Fall / Choking Incident Report**

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| **Instructions for completing form:*** Type or print legibly. **Complete all sections.** Mark section NA if not applicable.
* Complete form and route it directly to the **Health Support Nurse** by the next business day.
* Do not assume that your co-workers will see this report. Follow departmental procedure to inform co-workers.
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| [ ]  **Injury** **[ ]  Fall** [ ]  **Choking** |
| **Consumer:**       |
| Reporter’s Name (please print):       |
| Date of Occurrence:       | Time:       |
| Location at time of occurrence:       |
| Describe what happened:       |
| Was any treatment received:       |
| Circle and number the areas on the below drawing of a human form where abnormal skin conditions and/or color exists. Document the details below: |
| # | Time | Description (use color, size, and specify bruise, scab, scratch, etc.) |
|  |  |  |
|  |  |  |
|  |  |  |
| Do you have suggestions for minimizing reoccurrence?       |
| Do you need your supervisor’s help in following up with this? Yes [ ]  No [ ]  |
| **Reporter’s** **Signature:** |  | **Date:** |  |

 Front Back



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| HS Nurse reviews the report, assesses Consumer (if deemed necessary) and generates a Med Note to the Consumer’s Cottonwood support team. If outside TCM and/or non-Cottonwood Designated Healthcare Coordinator then a separate Med Note is sent to the appropriate party. If the form is completed by Cottonwood Day Services staff, the Consumer’s Work Services/Life Enrichment Coordinator (or proxy) contacts the Consumer’s non-Cottonwood Designated Healthcare Coordinator.* HS Nurse stamps the report “Original”, signs/dates report, and routes it to the following:
 |
| Title | Signature | Date |
| Health Supports Nurse |  |  |
| CEO |  |  |
| Administrator of Services |  |  |
| Support Services Director |  |  |

**Return completed Injury/Fall/Choking Incident Report to Case Manager for Case Record**