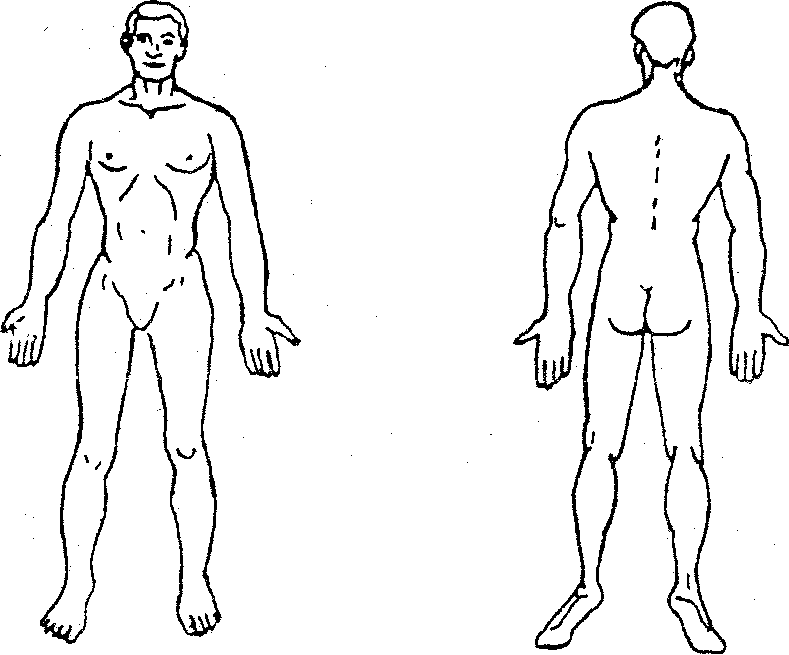
**Injury / Fall / Choking Incident Report**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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. | | | | | | |
| **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



|  |  |  |
| --- | --- | --- |
| 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**