Patient Fall Incident Report Record Form

This **patient fall incident report** record form sample is designed to document detailed information about any fall occurrences involving patients in healthcare settings. It facilitates accurate reporting, helps identify causes, and supports the development of preventive measures. Utilizing this form ensures improved patient safety and compliance with healthcare standards.

> **Instructions:** Please complete all sections of this form as soon as possible after any patient fall incident. If more space is required, attach additional pages as needed.

Section 1: Patient Information

Full Name:		**Patient ID/Number:**	
Date of Birth:		**Gender:**	Select
Unit/Room:			

Section 2: Fall Incident Details

Date of Incident:		**Time of Incident:**	
Location of Fall:			
Describe how the fall occurred:			
Was a staff member present?	Select	**Witness(es) Name(s):**	

Section 3: Patient Assessment After Fall

Injuries Observed:			
Vital Signs Taken?	Select	**If yes, indicate any abnormalities:**	
Was medical attention required?	Select	**Describe the intervention provided:**	

Section 4: Contributing Factors

Check all that apply:			
☐ Slippery Floor	☐ Poor Lighting	☐ Clutter/Obstacles	☐ Improper Footwear
☐ Bedrails Down	☐ No Assistive Device	☐ Medication Side Effect	☐ Other:

Section 5: Actions Taken/Recommendations

Immediate actions taken:	
Preventive measures/recommendations for future safety:	

Section 6: Reporter Information

Name of Person Completing Report:		**Position/Title:**	
Date:		**Signature:**	

Submit Report