

Patient Incident Assessment Form

The **patient incident assessment form** sample is designed to accurately document and evaluate any incidents involving patients in healthcare settings. It ensures thorough recording of details to enhance patient safety and improve care quality. Utilizing this form helps healthcare professionals respond efficiently and prevent future occurrences.

1. Patient Information

Name:

Patient ID / MRN:

Date of Birth:

Gender:

 Select

2. Incident Details

Date of Incident:

Time of Incident:

Location of Incident:

Type of Incident:

 Select

Description of Incident:

Did the patient sustain an injury?

 Select

If yes, describe the injury:

3. Immediate Actions Taken

Actions Taken Immediately:

Who was notified? (e.g., Physician, Family):

4. Contributors and Witnesses

Names of Staff/Witnesses Involved:

5. Risk Assessment & Recommendations

Risk Level (Low/Medium/High):

Select

Recommended Preventive Actions:

6. Form Completion

Completed By:

Designation:

Date:

Submit Assessment