Patient Fall Incident Report

Date of Incident: _____

Time of Incident: _____

Location: _____

Reporting Staff Name & Position: _____

Patient Name: _____

Patient ID/Medical Record Number: _____

Age: _____

Gender: _____

Description of Incident

Please provide a brief description of the fall, including the specific circumstances and any preceding events:

Observed Injuries

Describe any visible injuries resulting from the fall:

Assistance Provided

Describe the immediate actions taken and by whom:

Witnesses

List any staff or patients who witnessed the fall:

Possible Contributing Factors (Select all that apply)

- ☐ Slippery floor
- ☐ Poor lighting
- ☐ Patient confusion/disorientation
- ☐ Clutter/obstacles

- [ ] Medical equipment interference
- [ ] Other: _____

Preventive Actions Suggested

Please suggest measures to prevent future incidents:

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Signature of Reporting Staff: _____

Date: _____

The **patient fall incident report** in hospitals is a crucial document used to record the details of any fall experienced by a patient while under medical care. It helps healthcare professionals analyze the causes and implement preventive measures to ensure patient safety. Accurate reporting is essential for improving hospital protocols and reducing fall-related injuries.