UNIVERSITY OF MIAMI BEHAVIORAL HEALTH
CRITICAL INCIDENT REPORT

-- CONFIDENTIAL --

Please complete the following and forward to the UMBH Patient Safety Coordinator (Tara McGuire, Risk Manager; Fax 305-397-1720; email tmcguire@med.miami.edu)

MEMBER NAME: _____ MBR ID #: _____ CASE#:_____

GENDER: ☐M ☐F DOB:_____ PLAN:_____

INCIDENT (or RE-ADMISSION) DATE: _____ INCIDENT TIME: _____

INCIDENT TYPE

DEATH:	☐Suicide	☐Homicide	☐Abuse/Neglect	☐Other Unexpected
INJURY / ILLNESS:	☐Acquired while hospitalized		☐Suicide Attempted	☐Sexual Battery
Rx MED ERRORS:	☐Acute Care		☐Outpatient	☐Child
☐ELOPEMENT	☐ESCAPE		☐OTHER (describe below)	

☐RE-ADMISSION within 7 days of last admission: Prior admit date: _____
Physician at re-admit: _____ Prior admit: _____

Hospital at re-admit: _____ Prior admit:_____

FACILITY NAME:_____ TYPE (Hospital, CMHC, Home):_____

INITIAL DIAGNOSIS: Description_____ ICD:_____

WAS A PHYSICIAN CALLED? ☐Yes ☐No PHYSICIAN NAME: _____
PHYSICIAN RECOMMENDATION: _____

PHYSICAL FINDINGS/DIAGNOSIS: _____

WITNESS (ES): _____

Give a clear concise description of the incident (attach additional pages if necessary):

_____

_____

_____

_____

Include pertinent case notes with this form.
REPORTED BY:

NAME: _____ SIGNATURE: _____

TITLE: _____ Date/Time of Report: _____

Please submit Incident Reports to the UMBH Patient Safety Coordinator within 72 hours of incident.

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Please fax completed form to UMBH at 305-397-1720