

**CRITICAL INCIDENT FOLLOW UP  
COVER SHEET**

(COPY ON YELLOW PAPER)

**CONFIDENTIAL**

**TO: FGI**

**FAX NUMBER: 970-226-2613**

**PHONE NUMBER: 970-226-2345**

**DATE:**

**Total number of pages including cover sheet:**

**SUBJECT: CRITICAL INCIDENT**

**NOTE: Incident reports must include all information required by Rule 16.560 B and must be legible.**

<b>Type of Incident: (At least one category must be checked)</b>		
<input type="checkbox"/> MANE resulting in:	<input type="checkbox"/> Serious injury	<input type="checkbox"/> Victim of Crime
<input type="checkbox"/> Injury or death	type _____	type _____
<input type="checkbox"/> Adverse medical/health outcome	<input type="checkbox"/> Medical crisis	<input type="checkbox"/> Serious criminal offense
<input type="checkbox"/> Crime against person	<input type="checkbox"/> type _____	type _____
<input type="checkbox"/> Police involvement	<input type="checkbox"/> H1N1	
	<input type="checkbox"/> confirmed	
	<input type="checkbox"/> suspected	
	<input type="checkbox"/> Missing person	<input type="checkbox"/> Death of Client

**Agency Contact Person:** \_\_\_\_\_

**Contact Telephone #:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Agency Comments:** \_\_\_\_\_

**Medicaid**       **Non Medicaid**       **Program:** \_\_\_\_\_

**Usual Living Situation:** \_\_\_\_\_