VisionQwest
Resource Group, Inc.

Corporate Office:
500 N Central, Suite 740
Glendale, CA 91203
U.S.A.

Phone: 818.547.0497
Fax: 310.861.5558
E-Mail: mlodge@vqrginc.com
Web Site: www.vqrginc.com

Review Center:
4th Floor, 1st Life Building
174 Salcedo St., Legaspi Village
Makati City, Philippines

Phone: + 632.816.4590
Phone: + 632.816.4550
Fax: + 632.816.4554

VISIONQWEST HEALTHCARE SERIVES

INCEDENT REPORT FORM

MEDICAL/SNF FACILITY: _____
ADDRESS: _____
CITY / STATE / ZIP: _____ / _____ / _____

CHARGE NURSE NAME: _____
PHONE NUMBER: _____

YOUR NAME: _____
PHONE NUMBER: _____

PATIENT NAME: _____ AGE: _____

Male / Female (circle one)

INCIDENT INFORMATION

Type of Incident (circle one): Admin Emergency Injury Illness Other

Type of injury or illness _____
(examples: sprain, burn, bruise/contusion, fever, vomiting, dislocation, rash, blister, laceration, respiratory, hypothermia, hand injury, etc)

LOCATION OF INJURY ON PATIENT: _____

DATE OF INCIDENT: _____ TIME OF DAY _____

Narrative: Please write a detailed description of the incident and the factors that led up to it. Include names, times, statements, contributing factors, witnesses, treatment and follow-up. Attach any photos or witness statements. Continue on additional sheets if needed

_____

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MEDICAL TREATMENT (please check and describe all that apply):

__ Incident Medical Treatment Given _____ by whom: _____

__ Emergency Transportation Called 911 / Private Ambulance Transport (circle one)

__ EMS (911 – ambulance) called by whom _____

__ Medication administred type _____ Amount _____ By _____

FOLLOW-UP: Please attach additional sheets of paper if needed to document follow-up)

Date condition of Patient / Treatment Given Initials

Analysis: Nurse and Supervisor should discuss the incident and write comments as soon as possible after it happens. A full incident report must be filed with VisionQwest within eight (8) hours of the incident time. Include any recommendations for changes in policy, procedures or training.

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Report Prepared by: _____ Date: _____
Reviewed by Supervisor: _____ Date: _____
Risk Manager Review: _____ Date: _____
Actions taken on recommendations: Date: _____

Call the VisionQwest Risk Manager to review the report.

Fax Report to: 310.801.5558 within 8 hours of incident. If it is a high risk incident you must phone call the VisionQwest office. 818.804.5027 Ext 101