# Client Incident Report

| Client Information | |
|---|---|
| **Client Name:** | **Phone:** |
| **Address:** | **City:** |
| **State:** **Zip:** | |
| **Date of Report:** | **Time of Report:** ☐ **AM** ☐ **PM** |
| **Name of Person Completing Report:** | **Title:** |
| **Did Incident occur on company premises?** ☐ **Yes** ☐ **No** | |

| Comfort Keepers Employee Information | |
|---|---|
| **Employee Name:** | **Job Title:** |
| **Address:** | **City:** |
| **State:** **Zip:** | **Supervisor's Name:** |
| **Date Reported to Supervisor:** | **Time Reported to Supervisor:** ☐ **AM** ☐ **PM** |

| Incident Information | |
|---|---|
| **Type of Incident:** ☐ **No Injury** ☐ **Medical** ☐ **Fall** ☐ **Fatality** ☐ **Property Loss** ☐ **Other (esplain)** | |
| **Date of Incident:**<br>**Time of Incident:** ☐ **AM** ☐ **PM** | **If lost item,**<br>**Date Item last seen:**<br>**Time Item last seen:** ☐ **AM** ☐ **PM**<br>**Date Item 1st noticed missing:**<br>**Time Item 1st noticed missing:** ☐ **AM** ☐ **PM** |
| **Emergency Contact Person Notified** ☐ **Yes** ☐ **No** **Date & Time of Contact:** ☐ **AM** ☐ **PM** | |
| **Name of Emergency Contact:** | **Relationship to Client:** |
| **911 Notified:** ☐ **Yes** ☐ **No** | **Client Transported To:** |
| **Did Client refuse medical attention:** ☐ **Yes** ☐ **No** | **When did injury occur:** **Time:** |
| **Description of Incident** *(describe the sequence of events that caused incident)* | |
| | |
| | |
| | |
| | |
| **Describe lost or damaged item:** | |
| | |
| | |
| **Witnesses to Incident?** ☐ **Yes** ☐ **No, Explain:** | |

| CK Administrative Use Only | |
|---|---|
| **Other Follow up Action Taken:** | |
| **What can/will be done to prevent this type of incident?** | |
| **Employee Signature:** | **Date:** |
| **Supervisor Signature:** | **Date:** |

| Report Sent To: | Date: |
|---|---|

## Diagram Completed By: _____ Date: _____

*Indicate on Diagram the location(s) of Injury, if any:*

1. Laceration (Cut)
2. Bite
3. Abrasion (Scrape)
4. Burn
5. Bruise
6. Scratch
7. Bump
8. Open Fracture
9. Other – specify
   _____
   _____



**Front**



**Back**

**Was Client conscious?** ☐ **Yes** ☐ **No**

**Was the Client confused or acting different?** ☐ **Yes** ☐ **No**

**Did the Caregiver come in contact with Bodily Fluids?** ☐ **Yes** ☐ **No**

**Additional Notes:**