

**INCIDENT/ACCIDENT REPORT
FOUR SEASONS REHAB**

PERSON INVOLVED _____ (LAST NAME) _____ (FIRST NAME) _____ (MIDDLE INITIAL)

HOME ADDRESS: _____

PHONE: _____

ADULT _____ CHILD _____ REASON FOR PRESENCE IN OFFICE _____

PATIENT _____ VISITOR _____ EMPLOYEE _____ (IF EMPLOYEE, JOB TITLE) _____

AGE _____

DATE OF INCIDENT/ACCIDENT: _____ TIME OF INCIDENT/ACCIDENT: _____ A.M. _____ P.M. _____

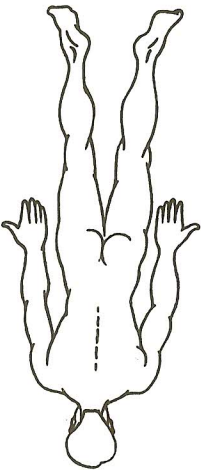
EQUIPMENT INVOLVED: _____

PROPERTY INVOLVED: _____

WAS PERSON AUTHORIZED TO BE AT LOCATION OF INCIDENT/ACCIDENT YES _____ NO _____

Describe exactly what happened; why it happened; what the causes were. If an injury, state part of body injured. If property or equipment damaged, describe damage.

INDICATE ON DIAGRAM LOCATION OF INJURY:



TYPE OF INJURY

LACERATION _____

HEMATOMA _____

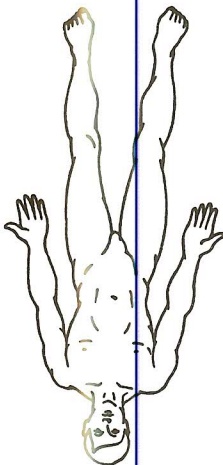
ABRASION _____

BURN _____

SWELLING _____

NONE APPARENT _____

OTHER (Specify below) _____



LEVEL OF CONSCIOUSNESS

NAME OF PHYSICIAN NOTIFIED: _____ TIME RESPONDED: _____ A.M./P.M. _____

NAME AND RELATIONSHIP OF FAMILY MEMBER NOTIFIED: _____ TIME RESPONDED: _____ A.M./P.M. _____

TIME OF NOTIFICATION: _____ A.M./P.M. _____

WAS PERSON INVOLVED SEEN BY A PHYSICIAN? YES _____ NO _____

WAS FIRST AID ADMINISTERED? YES _____ NO _____ If yes, type of care provided and by whom _____

WAS PERSON TAKEN TO A HOSPITAL? YES _____ NO _____ If yes, where _____

NAME, TITLE (if applicable), ADDRESS, PHONE NO. OF WITNESS(ES) _____

ADDITIONAL COMMENTS AND/OR STEPS TAKEN TO PREVENT RECURRENCE: _____

SIGNATURE/TITLE/DATE _____

PERSON PREPARING REPORT _____

ADMINISTRATOR OF FACILITY _____