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** ☐ **Other** *(please explain)*
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)*			
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:

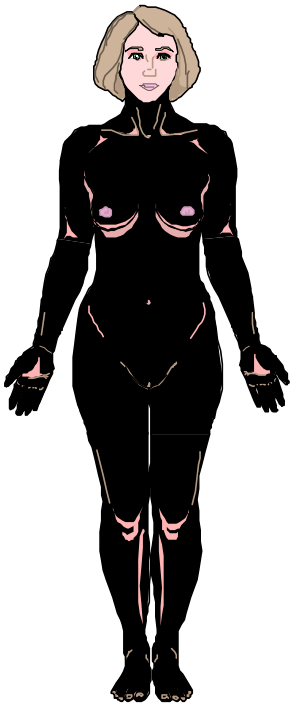
Diagram Completed By: _____ Date: _____

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

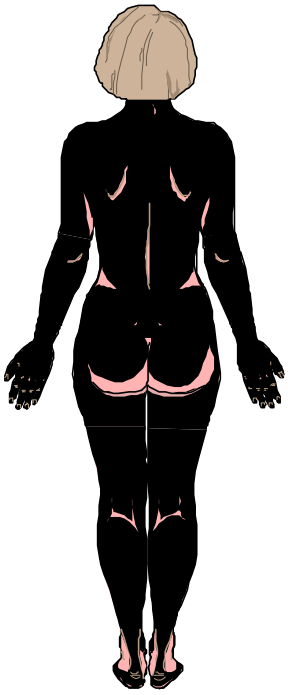
1. Laceration (Cut)
2. Bite
3. Abrasion (Scrape)
4. Burn
5. Bruise
6. Scratch
7. Bump
8. Open Fracture
9. Other – specify

_____

_____



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: