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**Medical Incident Report Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **INCIDENT DETAILS** | | | |
| Date and time of the incident | | **:** |  |
| Location of the incident | | **:** |  |
|  | |  |  |
| Describe the incident | | **:** |  |
|  | |  |  |
|  | |  |  |
| Details of the witnesses, if any | | **:** |  |
|  |  | |  |

|  |  |  |
| --- | --- | --- |
| **NATURE OF THE INCIDENT** | | |
| Select the appropriate category for the medical incident: | | |
|  |  | |
|  | Medication Error | |
|  | Fall or Injury | |
|  | Adverse Reaction | |
|  | Surgical Complication | |
|  | Equipment Failure | |
|  | Other (specify**) :** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **PATIENT INFORMATION** | | | |
| Name of the patient | | **:** |  |
| Age | | **:** |  |
| Gender | | **:** |  |
|  | |  |  |
| Medical History (if known) | | **:** |  |
|  |  | |  |

|  |  |  |
| --- | --- | --- |
| **INCIDENT DESCRIPTION** | | |
| Provide a detailed description of the incident, including any relevant information about the patient's condition, treatment, and any contributing factors | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **IMMEDIATE ACTIONS TAKEN** | | |
| Describe the immediate actions taken to address the incident, provide necessary medical intervention, and notify appropriate medical personnel | **:** |  |
|  |  |

|  |  |  |
| --- | --- | --- |
| **REPORTING TO AUTHORITIES** | | |
|  |  |  |
| Specify whether the incident has been reported to relevant medical authorities or regulatory bodies | **:** | YES  NO |
|  |  |  |
| If yes, provide details of the report and any case/reference numbers | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **FOLLOW-UP ACTIONS** | | |
| Outline any follow-up actions, investigations, or reviews that will be conducted as a result of the incident | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **PREVENTIVE MEASURES** | | |
| What preventive measures can be implemented to avoid similar incidents in the future? | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **ADDITIONAL COMMENTS** | | |
| Is there any additional information or comments you would like to include? | **:** |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **REPORT FILTER** | | |
| Name | **:** |  |
| Job Title / Role | **:** |  |
| Contact Details | **:** |  |

Digitize your incident report through Safetymint

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