

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 :

Template provided by:



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