



Unusual Occurrence Report

Turn into the office immediately upon completion

Client's Name _____

Address _____

Date of occurrence _____ Time _____ AM PM

TYPE OF OCCURRENCE: (Circle all that apply)

- Burn Skin Tear Bruise Elopement Medication Error
- Aggression toward others Abuse from client Abuse from employee
- Fall Witnessed Fall Un-witnessed Equipment malfunction
- Other _____

Describe the Occurrence: _____

Location of Occurrence:

- Bedroom Bathroom Hallway Living Room Dining Room
- Stairs Basement Outside
- Other(describe) _____

Was the Client Injured? No Yes (describe) _____

Was the Client taken to the hospital? No Yes (where) _____

Family notified _____ Date _____ Time _____

Person completing report _____ Title _____

Date of Report _____ Time of report _____

Kearney Office ♥ 323 W 11th St ♥ Fax (308) 234-4668
 Vermillion Office ♥ 2610 E SD Hwy 50 ♥ Fax (605) 624-5905

Quality In-Home Care & Companionship