

West Slope Casa Critical Incident Report

Date: _____

Program:

- Colorado West Mental Health
- Cortez Addictions Recovery Services
- Midwestern Colo Mental Health
- Peaceful Spirit
- Southwest Colo Mental Health
- White River Counseling

Office _____

Office _____

Office _____

Office _____

Client #:	DOB:	DSM IV Diagnosis:	Date & Time of Incident:
Persons involved:		Location of incident:	
<input type="checkbox"/> Staff		<input type="checkbox"/> In facility	
<input type="checkbox"/> Client(s)		<input type="checkbox"/> On grounds	
<input type="checkbox"/> Persons not associated with facility		<input type="checkbox"/> Off grounds	

Type of incident:

- Homicide
- Self-mutilation
- Adverse drug reaction
- Suicide
- Assault
- Unusual disease
- Suicide attempt
- Medication error
- Other

Summary of incident (use additional pages if necessary):

Summary of action taken (use additional pages of necessary):

Staff/ Client injuries: None Low Moderate Severe

Describe _____

Printed name and signature or person submitting report:

_____ Date & time _____

Printed name and signature of reviewer:

_____ Date & time _____