

General Event Report

Data Collection for Event: Restraint Other

Profile Information

Individual Name * _____

Provider Name _____ Program Name _____

Entered By _____ Title _____

Report Date * _____ Time Zone _____

Event Information

Event Date * _____

If not at responsible program Community Home Recreation/Leisure Vehicle School Work Family home visit Unknown **If Other** _____

Location Address

Street 1 _____ Street 2 _____

City _____ County _____ State _____

Zip Code _____ Phone _____ Fax _____

Restraint Other Information

Restraint Type * Chemical

Medication Name _____ Dosage _____

Physician Name _____ Title _____

Drug ordered PRN Emergency order

Physical

Mechanical

Other If Other _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)



Begin Time * _____ am /pm End Time * _____ am /pm

End Date _____

Specific Location Living Room Bedroom Dining Room Kitchen Bathroom
 Hallway Staircase Activity Area Recreation Area
 Outdoors Unknown If Other _____

Restraint Summary _____

Witness 1 _____

Witness 2 _____

General Information

Abuse Suspected ? Yes No

Type of Abuse Civil Rights Violation Physical Sexual Emotional Verbal
 Psychological If Other _____

Neglect Suspected ? Yes No

Type of Neglect Neglect by Responsible Provider If Other _____

Internal Report only ? Yes No Notification Level * Low Medium High

Reported By * _____

Reporter's Relationship to Individual Family Self Staff If Other _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)

Notification Information

| Person/Entity Notified* | Name of Person Notified | Date*/Time* of Notification | Notified By* | Method of Notification* |
|-------------------------|-------------------------|-----------------------------|--------------|-------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

Corrective Action Taken

Plan of Future Corrective Actions

Review/Follow-up Comments

I have reviewed this report

Review/Follow-up Comments _____

Photo Attached Photo Date _____

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

Note:- Required fields are marked with an asterisk (*)