

GER Event Type - Other

*Event Type:

Accident no apparent injury Altercation Assault AWOL/Missing Person Behavioral Issue
 Change of Condition Complaint and/or Possible Litigation Contraband
 Displacement due to Emergency/Natural Disaster Documentation Error Exploitation
 Fall Without Injury Fire Hospital Inappropriate Alcohol/Drug Use Infestation
 Law Enforcement Involvement Misconduct/Possible Criminal Activity Out of Home Placement
 Potential Incident/Near Miss Property Damage PRN Psychotropic Use Security Breach
 Seizure Sensitive Situation Serious Illness Suicide Theft/Larceny Attempt
 Threatening Behavior Vehicular Accident
 Other If Other _____

Altercation

*Event Subtype: Individual/Individual Staff/Individual Other If Other: _____
Individual was: Aggressor Victim

Assault

*Event Subtype: Aggressor Victim

Assault Type: Physical Sexual Was it against the Individual? Yes No

Contraband

*Event Subtype: Drugs Manufactured Weapon Weapon of Convenience Other
If Other: _____

Fire

*Event Subtype: Accidental/Cause Unknown Attempted/Caused by Individual
 False Alarm/Caused by Individual False Alarm/Equipment Failure Minor/Smoke

Hospital

*Event Subtype: Admission Ambulance Use ER w/o admission Re-admission
 Urgent Care

Department: Involuntary Psychiatric Medical Voluntary Psychiatric

Inappropriate Alcohol/Drug Use

*Event Subtype: Alcohol Illegal Drugs OTC Medication Prescription Medication

Individual appeared impaired? Yes No

Did the Individual overdose? Yes No

Misconduct/Possible Criminal Activity

By Whom: Family Member Guardian Individual Peer Provider Other

If Other: _____

Out of Home Placement

*Event Subtype: Crisis Placement Development Center Hospice Facility Hospital ICF

Jail Nursing Home Rehab Respite

Property Damage

Actions Taken: No Action Repair Replaced

Is Individual owner of the item? Yes No

Damaged item name/description: _____

Seizure

Seizure Duration Unit: Minute(s) Second(s) Has seizure diagnosis? Yes No

Seizure Duration: _____

Suicide

*Event Subtype: Attempt Threat

Theft/Larceny Attempt

*Event Subtype: Perpetrator Victim

*Event Time: _____ (AM/PM) Unknown

*This Event was: Observed Discovered

Discovered Date/Time: _____ (AM/PM)

Specific Location: Activity Area Bathroom Bedroom Dining Room Hallway Kitchen

Living Room Outdoors Recreation Area Staircase Unknown Vehicle Other

If Other: _____

*Summary: _____

Witness(es)

Name	Title

SIGNATURE _____ NAME _____ DATE _____ TIME _____ am/pm

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