

# Report of Injury or Condition Resulting From Neglect or Abuse

(To a Patient Received from a Licensed Health Facility)

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This report must be made within 36 hours.

(Name of patient) \_\_\_\_\_ has been brought to  
(hospital name) \_\_\_\_\_,  
(hospital address) \_\_\_\_\_  
(city) \_\_\_\_\_, from a health facility,  
as defined in Health and Safety Code Section 1250, or from a community care facility, as defined  
in Health and Safety Code Section 1502. The patient identified above exhibits a physical injury or  
condition which, in the opinion of the undersigned physician, reasonably appears to be the result of  
neglect or abuse.

The character and extent of the physical injury or condition is:

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(hospital's duly authorized representative)

Print name: \_\_\_\_\_  
(hospital's duly authorized representative)

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM / PM

Signature: \_\_\_\_\_  
(physician)

Print name: \_\_\_\_\_  
(physician)

Phone: \_\_\_\_\_

Reference: Penal Code Section 11161.8

