

Report to Attorney

**This Report is Confidential—
Not Part of the Medical Record**

Date of Report: _____ / _____ / _____ Time: _____ AM / PM
MM DD YY

Name of Patient or Person Involved: _____

Medical Record Number or Other Identifying Information: _____

Check One:

- Inpatient Admitting Diagnosis: _____
- Outpatient/ER Reason for Visit: _____
- Visitor/Volunteer

Sex: Male Female

Age: _____ Yrs.

If under 1 year, circle one: 0-14 days 15-29 days 1-6 months 7-11 months

Newborn Problems:

- Not Applicable Apgar less than 5 at 5 minutes
- Coma Gestation less than 35 weeks
- Convulsion

Date/time of admission: _____ / _____ / _____ _____ AM / PM (*circle one*)
MM DD YY

Date/time of event or effect: _____ / _____ / _____ _____ AM / PM (*circle one*)
MM DD YY

Description of what happened (include exact location): _____

If drug, IV infusion, treatment or equipment involved, specify name: _____

Description of immediate actions and outcome: _____

Lost/damaged property: _____

Severity of outcome:

- Minor outcome:** Medical review, extra observations or monitoring
- Moderate outcome:** Minor diagnostic investigations or treatments (e.g. blood test, urinalysis, first aid treatment)
- Moderate/Significant outcome:** Treatment with another drug, surgical intervention/cancellation, transfer to another area with no increased length of stay
- Significant outcome:** Hospital admission or increased length of stay/morbidity which continued at discharge
- Severe outcome:** Permanent disability or contributed to the patient's death

Notifications:

- a. Will/was report made under the Safe Medical Devices Act? Yes No (circle one)
- b. Will/was report made to the California Department of Public Health as an adverse event or unusual occurrence? Yes No (circle one)
- c. Will/was patient or legal representative notified of any unexpected outcome?
Yes No (circle one)
- d. Will/was attending physician notified? Yes No (circle one)

Witnesses to event or effect:

Name: _____

Address: _____

Phone: _____

Name: _____

Address: _____

Phone: _____

This report completed by:

Name: _____

Title: _____

Phone: _____