

### Critical Incident Report Form

<b>Consumer Demographic Information</b>			
First Name:	Last Name:	Middle Initial:	DOB:
SSN#	Gender: Male ____ Female ____	Telephone:	Cell Number:
Address:	City:	State:	Zip:
<b>Consumer Clinical Information</b>			
<b>Diagnoses: Axis I(Primary)</b>	<b>Axis II</b>	<b>Axis III</b>	<b>Axis V (GAF)</b>
<b>Level of Care:</b>			
____ Acute Inpatient Hospital    ____ Outpatient (Specify) ____    ____ RTC (Child/Adol)    ____ Shelter Care			
____ Group Home    ____ Intensive Outpatient (IOP)    ____ Day Treatment    ____ RTC (Adult)			
____ Other _____    ____ TRC (I & II)			
<b>Incident Description (Staff person with the most direct knowledge of incident completes this section)</b>			
____ Attempted Suicide ____ Suicide ____ Abuse or Neglect ____ Homicide ____ Attempted Homicide ____ Other Death ____ Damage to Property ____ Environmental Hazard ____ Elopement	____ Financial Exploitation ____ Injuries / Emergency Services ____ Medication or Treatment Error (s) ____ Self Injurious Behavior (non-lethal intent) ____ Detention for Protective Custody ____ Detention for Criminal Activity (non-lethal intent) ____ Detention for Criminal Activity (lethal intent) ____ Assault ____ Sexual Behavior ____ Other (Describe) _____		
Abuse, Neglect, and Exploitation must be reported to APS/CPS Statewide Central Intake (SCI) via FAX: (505) 841-6691 or Phone (800) 797-3260			
<b>Date of Incident:</b>	<b>Time:</b>	__ Am. __ Pm. __ Unknown	
<b>Incident Description:</b>			
<b>Follow Up and Disposition of Incident</b>			
<b>Reporting Agency Information</b>			
Agency Name	Address/City/State/Zip	Phone	
<b>Reporting Individual</b>			
<b>Name/ Title</b>		<b>Date Completed:</b>	