

**DEPARTMENT OF MENTAL HEALTH
LICENSING DIVISION**

Report of Incident Occurring within 30 Days of Discharge

Facility Name: _____ Incident Date: _____

Reporting Person: _____ Title: _____

Date Reported: _____

Client Name: _____ Date of Birth and Age: _____

Admission Date: _____ Discharge Date: _____ DMH Client: Y ☐ N ☐

How the facility was notified of the incident: _____

By whom, if known: _____

Date Notified: _____

Description of Incident: _____

Did discharge result from submission of a 3-day notice? Y ☐ N ☐

Medical Examiner Case Y ☐ N ☐ N/A ☐

Psychiatric Condition/Treatment during Hospitalization

Diagnoses (please note if diagnoses at discharge is different): _____

Medication Names & Dosages: _____

Psychiatric and/or Substance Use Treatment during Hospitalization (Groups/Family Work, ECT, Individual Therapy, etc): _____

Consults: _____

Medical Condition/Treatment during Hospitalization

Diagnoses (please note if diagnoses at discharge is different): _____

Medication Names & Dosages: _____

Medical Treatments: _____

Consults: _____

Review and Findings: _____