

**CLINICAL RECORD**

**INCIDENT REPORT**

DIAGNOSIS

DATE AND TIME OF INCIDENT

NURSING UNIT

**DETAILED  
REPORT OF  
INCIDENT**  
*(Observer or  
Participant)*

SIGNATURE

DATE

**REPORT OF  
UNIT  
PHYSICIAN**

SIGNATURE

DATE

**PATIENT'S IDENTIFICATION** *(Name, Unit No., Birthdate, Inst., Sex, Race)*

IHS-123 (10/88)  
**INCIDENT REPORT**

COMMENTS  
AND  
REPORT  
OF HEAD  
NURSE  
AND/OR  
SUPERVISOR

SIGNATURE

DATE

REPORT OF  
SERVICE  
CHIEF  
AND/OR  
ADMINIS-  
TRATIVE  
SUPERVISOR

SIGNATURE

DATE

REPORT OF  
CLINICAL  
DIRECTOR

SIGNATURE

DATE