

Incident at Coconut Cove Medical Center

To have a patient disconnect himself and flee from the emergency room is not an everyday occurrence. An incident report would certainly be required. Imagine that you are Dr. Gonzalez. Complete the form below.

Coconut Cove Medical Center

Serving the citizens of Coconut Cove, Florida, since 1974.

Emergency Room Incident Report

Patient's Name: _____ Date of Incident: _____

Address: _____ Age: _____

_____ Phone: _____

Parent(s)/Guardian(s) if minor: _____

Attending Physician: _____ Time of Incident: _____

Reason for admittance: _____

Patient accompanied/admitted by _____

Pertinent information related to injury/condition of patient: Treatment prescribed by attending physician:

Narrative/Description of incident: _____

Action Taken/Recommended: _____

Signature of attending physician: _____ *Date:* _____