AMERIMED EARLY INTERVENTION PROGRAM

200 WEST 58TH STREET NEW YORK NY 10019 Tel: 718-339-4000 Fax: 718-339-7203

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**EARLY INTERVENTION REPORTABLE INCIDENT FORM**

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| **DATE OF REPORT:** | **TIME:**  **AM/PM** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NAME OF INFANT OR TODDLER (LAST, FIRST, M.I)** | | | | **NAME OF PERSON REPORTING:** | | | **RELATIONSHIP TO CHILD:** | |
| **ADDRESS:** | | | | **ADDRESS:** | | | | |
| **CITY** | **STATE** | **ZIP CODE** | | **CITY** | **STATE** | | | **ZIP CODE** |
| **PHONE** | | | | **PHONE:** | | | | |
| **INFANT OR TODDLERS EI NUMBER** | | | | **DATE OF BIRTH**  **MM DD YYYY**  **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **SEX**  **□ MALE**  **□ FEMALE** | | | | **DATE THE INCIDENT OCCURRED OR WAS RECOGNIZED/DISCOVERED**  **MM DD YYYY**  **\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_** | | | | |
| **CLASSIFICATION OF INCIDENT** | | | | **TIME THE INCIDENT OCCURRED OR WAS RECOGNIZED/DISCOVERED**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ □AM □PM** | | | | |
| **DESCRIBE THE TYPE OF INCIDENT AND THE ACTION(S) TAKEN TO ADDRESS THE INFANT/TODDLER’S HEALTH AND SAFETY AND THE RESPONSE TO THE INCIDENT, WHAT HAPPENED, IF A MEDICAL REFERRAL WAS NECESSARY (PLEASE LIST), DOCUMENT ALL OTHER REPORTS OR NOTIFICATIONS AND ANY CIRCUMSTANCES WHICH MAY HAVE PRECIPITATED THE INCIDENT: (INCLUDE ACTION TAKEN RELATED TO DISPOSITION OF EMPLOYEE) ATTACH ADDITIONAL SHEETS IF NECESSARY.** | | | | | | | | |
| **NAME OF PERSON RECEIVING REPORT** | | | **TITLE** | | | **PHONE** | | |