Aylara
Pelvic Health

INCIDENT REPORT

1. Basic Information

- **Date of Report:** _____
- **Date of Incident:** _____
- **Time of Incident:** _____
- **Clinic Location:** _____
- **Exact Location in Clinic:**
  - ☐ Treatment Room
  - ☐ Gym Area
  - ☐ Front Desk
  - ☐ Restroom
  - ☐ Parking Lot
  - ☐ Other: _____
- **Reported By (Name & Title):** _____
- **Phone/Email:** _____

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2. Individual(s) Involved

Patient Information (if applicable)

- **Patient Name:** _____
- **DOB:** _____
- **Medical Record #:** _____

Staff Involved

- **Staff Name(s): _____**
- **Role(s): _____**

Witnesses

- **Name(s) & Contact Information:**

_____

_____

3. Type of Incident

(Check all that apply)

Clinical

☐ Patient fall
☐ Adverse response to treatment
☐ Syncopal episode
☐ Equipment-related injury
☐ Breach of sterile technique
☐ Documentation error
☐ Other: _____

Safety

☐ Slip/trip hazard
☐ Environmental issue
☐ Equipment malfunction
☐ Fire or evacuation
☐ Security concern
☐ Other: _____

Privacy / Compliance

☐ HIPAA concern
☐ Data breach

☐ Chart accessed in error
☐ Other: _____

Behavioral

☐ Patient conduct
☐ Visitor conduct
☐ Staff conduct
☐ Other: _____

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4. Detailed Description of Incident

Provide a factual, objective description of what occurred.
Include sequence of events. Avoid opinions.

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5. Immediate Actions Taken

☐ Treatment stopped
☐ Patient assessed
☐ Vital signs taken
☐ First aid provided
☐ EMS contacted
☐ Physician notified
☐ Guardian notified
☐ Equipment removed from service
☐ Area secured
☐ Other: _____

Describe actions taken:

Aylara Pelvic Health

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6. Outcome

☐ No injury
☐ Minor injury (no medical follow-up required)
☐ Injury requiring medical evaluation
☐ Hospital transfer
☐ Property damage
☐ Near miss (no harm, but potential risk identified)

Additional details:

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7. Follow-Up Plan

☐ Incident reviewed with Clinical Director
☐ Risk management notified
☐ Insurance carrier notified
☐ Patient follow-up call completed
☐ Staff retraining required
☐ Policy revision recommended
☐ Equipment inspection scheduled
☐ Other: _____

Details:

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8. Documentation & Recordkeeping

☐ Documented in patient EMR
☐ Photographs taken (if applicable)
☐ Maintenance log updated
☐ Copy sent to Aylara Corporate Leadership

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9. Signature & Review

Reporting Staff Signature: _____
Date: _____

Clinic Director Review: _____
Date: _____