

**INCIDENT REPORT FORM**  
**FAX TO NEW YORK STATE OFFICE OF MENTAL HEALTH**  
**FAX NUMBERS: (518) 402-4401 or (518) 474-7065**

**TYPE OF INCIDENT:**  
**DATE OF INCIDENT:**  
**TIME OF INCIDENT:**  
**REGION: Central**  
**FACILITY OR PROGRAM: SUNY Upstate**  
**Medical University - University Hospital,**  
**Syracuse**  
**Psychiatric Department**

**PATIENT NAME:**  
**AGE:**  
**GENDER:**  
**"C" NUMBER: 1**  
**COUNTY: Onondaga**

**REPORTED BY: Theresa R. Gagnon, B.S.N., RN,**  
**Risk Coordinator telephone number - (315) -464-**  
**6177**

**ETHNICITY:**  White  Black  Hispanic  
 Asian or Pacific Islander  
 American Indian or Alaskan Native

**CURRENT STATUS:**  Inpatient  Outpatient:  
Admission Date: \_\_\_\_\_  
Discharge Date: \_\_\_\_\_

**DIAGNOSIS CODE: (DSM-IV)**

AXIS I Primary:  
AXIS I Secondary:  
AXIS II:  
Axis III:  
Axis IV:  
Axis V:

**ABSENT:**  YES  NO

**ENDANGERED:** Dangerous to Self -  YES  NO  
Unable to Care for Self -  YES  
 NO

**ESCAPED:** Dangerous to Self -   
YES  NO  
Unable to Care for Self -   
YES  NO  
Dangerous to Others -   
YES  NO  
CPL or Correction Law -   
YES  NO  
Family Court Act -   
YES  NO  
Transfer from DFY -   
YES  NO

**RESTRAINT IN LAST 24 HOURS:**   
YES  NO  
**SECLUSION IN LAST 24 HOURS:**   
YES  NO

**LETHALITY ASSESSMENT IN**  
**LAST 24 HOURS:**  YES  NO

**ON PASS FROM INPATIENT PROGRAM**

**AT TIME OF INCIDENT:**  YES  NO

**Reported to Police:**  YES  NO  
**Reported as a Crime:**  YES  NO

**POLICE ACTIONS:**

**HOSPITAL/PROGRAM ACTIONS TAKEN:**

**IF A DEATH:**

Medical Examiner Involved:  YES  NO  NA  
Autopsy Ordered?:  YES  NO  NA

**PARTIES NOTIFIED:**

Family  Friends  CQC  
 Board of Visitors  Press  Police  
 Courts  District Attorney  
 Threatened or Endangered Person  
 State Central Register of Child Abuse & Maltreatment  
 Others - Department of Health,  
 *Internal Administrative Personnel*

**MEDICATIONS:**

**TYPE                      DOSE                      REGIMEN**

**NARRATIVE SUMMARY OF INCIDENT &**  
**ACTIONS TAKEN:**

---

Theresa R. Gagnon, B.S.N., RN

Risk Coordinator

Date

I:\RISKMNGT\FORMS\omh.wpd