HCSIS:	Yes	No	
CHIPPS:	Yes	No	
Insurance:	VBH	County	Other

CRITICAL INCIDENT REPORT Westmoreland County MH Program

DATE OF CRITICAL TIME OF CRITIC INCIDENT					ICAL	A.M. P.M. DATE OF REPORT					OF REPORT		
NAME OF CLIENT (Last, First, M.I.)					PRO	VIDER	NAME	•	•	•	•		
ADDRESS					ADDRESS:								
						SAME AS CLIENT							
CITY	ST	ATE		ZIP	CITY	CITY STATE ZIP							
PHONE		SS#			PHONE:								
DATE OF BIRTH	Age:	GENDER	Male	Female	ЕМА	AIL ADI	DRESS:						
PRIMARY DIAGNOSIS	S:				cou	JNTY V	VHERE FAC	CILIT	Y IS LO	CA	TED:		
					PRO	GRAM	SERVICE	(i.e.,	CRR, V	oca	itional,	Outpati	ent):
ADDRESS OF CRITIC	AL INCID	ENT										SAN	ME AS PROVIDER
CITY		STA	TE						ZIP			SAN	ME AS CLIENT
Program Clo Suicide Atte Missing Clie Seclusion/R	osure mpt nt (24 h	ours. +)	CATE	GORY OF II	\neg	ouse	•	ecte Assogic	d Abu sault/ al Ab	ıse Abı use	: Plea use	ase sp	ions) ecify below
Injury/Illnes	s of Clie	ent: Plea	se specif	y below	Neglect								
Involun	tary Ps	ychiatric	Admitta	ince	Exploitation: Please specify below								
Outbre	ak of Co	ommunio	able Dis	sease	Misuse/Alleged Misuse of Client Funds/Property								
Signific	Client Rights Violations/Alleged Violations							Violations					
Reportable Injury						Fire/Other Disaster Rendering a Site Uninhabitable							
Police Department Intervention						Episodes Creating Major Community Disturbances							Disturbances
Was CPR administered?										Ye	es		No

HCSIS:	Yes	No	
CHIPPS:	Yes	No	
Insurance:	VBH	County	Other

Please describe in involved including pages if needed).				ned durinç details pr								
Current status of	individual/C	orrecti	ve action	on plan:								
NOTIFICATION BY								DE	LATIO	NGUII	- I	
TELEPHONE	NAME			ADDRESS		Pl	HONE #		O CLI		P	DATE
RELATIVE/ GUARDIAN												
COUNTY MH/MR ADMINISTRATOR'S OFFICE			40 N. Pe Greensl	ennsylvani ourg, PA 1	ia Ave. 5601	724-	830-3617		Cour Offic			
BSU/WCSI												
VBH												
CRISIS/WCA												
						ı					1	
NAME (Print or type) OF	PERSON REPOR	RTING		TITLE			DATE			PHC	ONE	
SIGNATURES (Please PERSON REPORTING (I		nvolved w	vith critica	l incident)					DATI	E		
EXECUTIVE/AGENCY D	IRECTOR								DATI	E		