Therap® SERVICES

Data Collection for General Event Report

Profile Information

Individual Name * .....

Provider Name ..... **Program Name** .....

Entered By ..... **Title** .....

Report Date * ..... **Time Zone** .....

Event Information

Event Date .....

If not at responsible program O Community O Home O Recreation/Leisure O Work O School O Family home visit O Unknown **If Other** .....

Location Address

Street 1 ..... **Street 2** .....

City ..... **County** ..... **State** .....

Zip Code ..... **Phone** .....

Fax .....

Add Event

☐ **Injury** *[Use Form-GER(a)]* ☐ **Restraint Other** *[Use Form-GER(d)]*

☐ **Medication Error** *[Use Form-GER(b)]* ☐ **Death** *[Use Form-GER(e)]*

☐ **Restraint Related to Behavior** *[Use Form-GER(c)]* ☐ **Other** *[Use Form-GER(f)]*

General Information

Abuse Suspected ? O **Yes** O **No**

Type of Abuse O Civil Rights Violation O Physical O Sexual O Emotional O Verbal O Psychological **If Other** .....

Neglect Suspected ? O **Yes** O **No**

Type of Neglect O Neglected by Responsible Provider **If Other** .....

Internal Report ? O **Yes** O **No** **Notification Level** O Low O Medium O High

Reported By .....

Reporter's Relationship O Family O Self O Staff O Other .....

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....**am pm**

Note:- Required fields are marked with an asterisk (*)

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[More Notification information can be added in the Therap System]

Person/Entity Notified	Name	Date/Time	Notified By	Method of Notification
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

Corrective Action Taken .....

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Plan of Future Corrective Actions .....

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State Specific Information

To complete state specific information on GER, please use the form that applies for your state.

Review/Follow-up Comments

☐ **I have reviewed this report**

Review Comments .....

.....

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.....

.....

Photo ☐ **Attached** **Photo Date** .....

SIGNATURE.....**NAME**.....**DATE**.....**TIME**.....**am pm**

Note:- Required fields are marked with an asterisk (*)

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