

PATIENT INCIDENT REPORTING REGISTER

LD – IHSM

DGHS, MOHAKHALI, DHAKA

PATIENT INCIDENT REPORTING REGISTER

NAME OF THE DEPARTMENT:

UNIT NO.

DATE OF OPENING OF THE DOCUMENT:

Name and Signature of the Unit Head

PATIENT INCIDENT REPORTING REGISTER

Sl. No.	Date	Type of incident with description	Reporting to higher authority		Action taken for remedies	Action taken for future prevention
			Yes	No		
1	2	3	4	5	6	7

PATIENT INCIDENT REPORTING REGISTER

PROGRESS / FOLLOW-UP STATUS				
After 01 month	After 03 months	After 06 months	After 09 months	After 12 months
8	9	10	11	12