

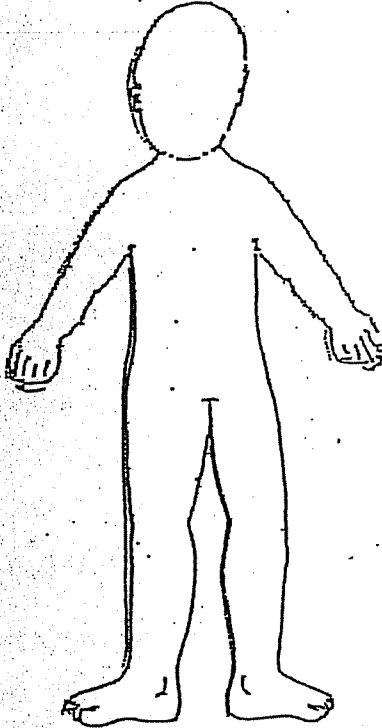
*Catholic Charities Disabilities Services
Community Services Injury Chart of Individual Served*

Name of Individual Served: _____ Date: _____

Location Where Injury Occurred: _____

Incident report filed? Yes () No ()

Please circle area where injury occurred and label accordingly.



Check one:

Front _____

Back _____

Check one:

Right Side _____

Left Side: _____

Type of Injury:

Bruise _____

Cut _____

Scrape _____

Other _____ (explain)

Please provide a brief explanation of the injury:

Please explain how the injury occurred:

Follow-up: (notifications/medical treatment):

Print Name of Person Completing Form	Signature	Title	Date

Supervisor's Name (if applicable)	Signature	Title	Date

For office use only: ADMINISTRATIVE REVIEW and COMMENTS:

- _____ Ass't Exec. Dir _____
- _____ Dir. Of HR/QA _____
- _____ Dir. Of Comm. Clinical Services _____
- _____ Dir. Of Comm. Res Support _____
- _____ SC IRC Representative _____
- _____ RH Coordinator IRC Representative _____
- _____ QI Specialist _____