



Marshall County
Group Homes, Inc.

BEHAVIOR REPORT FORM

Consumer Name: _____	Program: <u>CN CS M R IHS</u>	Date: _____
Time of Incident: _____	Length of Time Involved: _____	Recovery Time: _____
List Names of persons involved: _____		
If not a resident, list address, phone number and reason for being in home: _____		

Type of Behavior (check one or more)	Type of action/procedure (check one or more)
<input type="checkbox"/> Consumer behavior incident	<input type="checkbox"/> First aid required
<input type="checkbox"/> Consumer to Consumer verbal abuse/intimidation	<input type="checkbox"/> Medical care of a doctor required
<input type="checkbox"/> Consumer to staff aggression	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Consumer to consumer physical aggression	<input type="checkbox"/> Controlled procedure required
<input type="checkbox"/> Self-Injurious behavior	<input type="checkbox"/> EUMR
<input type="checkbox"/> Sexual contact	
<input type="checkbox"/> Other (specify) _____	

DESCRIPTION OF EVENT: *(use back of page if needed):*

What was the consumer doing when the incident occurred?

What seemed to precipitate or build up to the incident? _____

Describe incident - What staff intervention was tried before incident occurred.

What were the undesirable behaviors displayed? _____

Has this particular behavior reaction occurred with this consumer previously? Yes No (if yes date: _____)

Were there physical injuries or property damage? Explain Nature and extent of injuries: _____



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Description of procedures/action taken by staff: _____

Were staff actions effective in controlling behavior? Results of action taken _____

Recommendation in preventing similar occurrence or behaviors: _____

Able to return to activity following the incident? ___ Yes ___ No (if no Explain why?) _____

Name of person administering first aid/medical care: _____

Reported by: _____ Title: _____

_____ Date original copy sent to office

RPS will send copies to: (enter date copy sent as well as if phone call was made)

_____ Program home	_____ Case Manger	_____ Legal Guardian	_____ Consumer Family
_____ Other (Specify) _____			

***(If the action taken for a consumer is a controlled procedure or emergency use of manual restraint additional forms are Required *See Emergency Use of Manual Restraints Policy*).**