

## Unusual Occurrence Worksheet

Initiated By: _____	Date: _____
Others Involved (List): _____	
_____	

Patient Name: _____	Telephone: _____	DOB: _____
Date of Occurrence: _____	Date Patient Notified: _____	N/A
Date Resolved: _____		

<b>FUNDING</b> (Check One):						
<input type="checkbox"/> MediCal	<input type="checkbox"/> CHG	<input type="checkbox"/> Sharp	<input type="checkbox"/> UCSD	<input type="checkbox"/> Blue Cross	<input type="checkbox"/> UnivCare	<input type="checkbox"/> HealthNet
<input type="checkbox"/> Medicare	<input type="checkbox"/> WorkersComp	<input type="checkbox"/> Champus	<input type="checkbox"/> Private	<input type="checkbox"/> Self Pay	<input type="checkbox"/> Prop 99	
<input type="checkbox"/> Healthy Families	<input type="checkbox"/> Other: (Describe) _____					

<b>Describe The Event:</b> (Completed by staff members witnessing the event)

<b>Action Taken:</b> (Completed by Clinic Manager)

<b>Follow Up &amp; Resolution:</b> (Completed by Clinic Manager)

Completed Worksheets are submitted to Clinic Specific Individual.  
Patient Informed of rights regarding HMO policy?  Yes  Not Applicable