



CLINICAL INCIDENT NOTIFICATION FORM
(To be completed by the Hospital / Health Service)

Department of Health
Legal and Legislative Services
189 Royal Street
East Perth WA 6004
Telephone: (08) 9222 4038

REPORT ONLY/POTENTIAL CLAIM
CLAIM

**** Non-teaching hospitals: this form should be attached to a report from the health service outlining details of the clinical incident & forwarded to Legal & Legislative Services**

Hospital / health service			
Health Service Reference:		Staff Contact Name	
Signature of staff contact		Phone No	
Does the incident involve a Non Salaried Medical Practitioner? (NSMP)			No <input type="checkbox"/> Yes <input type="checkbox"/>
Has the health service received a complaint regarding this clinical incident (from patient, family members or their legal representatives)? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please attach copy of complaint and any response).			
Has health service received an FOI request? No <input type="checkbox"/> Yes <input type="checkbox"/> (if yes, please attach copy of request).			
Health & Disability Services Complaints Office involved? (HaDSCO)	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Has the Coroner been notified?	No <input type="checkbox"/> Yes <input type="checkbox"/>		
Has a claim been made?	No <input type="checkbox"/> Yes <input type="checkbox"/> By whom?		
If yes, how was claim made?	Oral <input type="checkbox"/> Letter <input type="checkbox"/> Writ <input type="checkbox"/> (please attach copy of documentation)		
PATIENT DETAILS			
Patient's Name	Family:	Given names:	
Patient's Address			
Patient's Date of Birth			
Unit Medical Record Number	PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/>		
Date of Incident	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
Is the patient deceased? No <input type="checkbox"/> Yes <input type="checkbox"/>	Is the incident childbirth related? No <input type="checkbox"/> Yes <input type="checkbox"/>		
CLAIMANT DETAILS (if different)			
Claimant's Name	Family:	Given names:	
Claimant's Address		Relationship:	

Important reminder: This Form may be disclosed to a claimant through an application under the Freedom of Information Act 1992 (WA) and the process of discovery in civil litigation. It is important that requested information only is recorded on the Form.