

Inpatient Encounter Form

Community Name
 Injury Data Form Log
 [Tribe]
 Return Log To:

			Patient 1	Patient 2	Patient 3	Patient 4	Patient 5	Patient 6	Patient 7	Patient 8	Patient 9	Patient 10
Patient Name												
Gender												
Age												
Patient Diagnosis			xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx	xxx
Service Category	Service	Service Code										
Admit	Date											
	Time											
Injury Cause	Unintentional/Accident											
	Intentional by Other											
	Intentional by Self											
Cause I	Time of Day Injury Occurred											
	Where was patient?											
	Who was involved?											
Cause II	What was involved? (objects)											
	Are others injured?											
Type	Injury Description											
	Severity of Injury											
Summary	Injury Cause:											
	Injury Type:											
	Injury Severity:											
	How many people injured:											
Follow-up Consultation	Any Long-Term Effects?											
	Recovered?											
	Is Prevention now in place?											
Other Info												