**Scottish Ambulance Service
GP Incident Reporting Form v1.04**

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| **Section 1. GP Practice Details** |
| **Practice Name** |       |
| **Practice Code** |       |
| **Practice Address** |       |
| **Postcode** |       |

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| **Section 2. Patient Details** |
| **Patient Name** |       |
| **Patient CHI** |       |

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| **Section 3. Incident Details** |
| **Date of incident**  |       | **Time of Incident** |       |
| **Postcode where ambulance requested to attend** |       |
| **Ambulance destination/receiving hospital**  |  |
| **Patient Outcome** |       |
| **SAS Reference Number (if known)** |       |
| **Incident Description:** Think about SBAR (Situation, Background, Assessment & Recommendations when completing this section. Be clear about what happened, who was involved, how this impacted on patient care and how it could be avoided in the future. Include any relevant background information. |
|       |
| **Incident Severity** |  **Negligible:** Adverse event leading to minor injury not requiring first aid. | [ ]  |
|  **Minor:** Minor injury or illness, first aid treatment required. | [ ]  |
| **Moderate:** Significant injury requiring medical treatment and/or counselling. | [ ]  |
| **Major:** Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling. | [ ]  |
| **Extreme:** Incident leading to death or major permanent incapacity. | [ ]  |

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| **Section 4. Reporter Details** |
| **Completed By (Name)** |       |
| **Designation** |       |
| **Telephone Number** |       |
| **Email Address** |       |
| **Date of Completion** |       |

**Please send completed forms to** **sas.feedback@nhs.scot** **and copy in your Clinical Director**