

**First Choice In-Home Care, Inc.**  
**Form No. 1170 – Change In Client Condition / Client Accident or Incident Report Form**

Home Care Aides: If during your work shift your client has a **change in condition** related to his or her health or wellness, is involved in an **accident** that results in an injury to the client or to you, or is involved in an **incident** that causes a temporary crisis, you are required to contact First Choice via telephone at 425-747-5000 or toll free at 1-866-912-4922 and immediately report the occurrence. Additionally, you are required to complete this Form and mail, fax or deliver in person within 24 hours.

Type of Occurrence:  Change In Client Condition  Client Accident  Client Incident

Date of Occurrence:	Time:	Date Reported:	Reported By:
Client Name:	Age:	Gender:	Case Number: Case Manager:
Client Address:	City:	State:	Zip:
Was Employee Present?	Employee Name:		
Was the client Injured?	Was 911 Called?	Did the client require Medical Care?	
Address or Location of Occurrence:			

**Describe the Change in Client Condition, Accident or Incident. Use the diagram to indicate location of injury. You are required to report all occurrences within 24 hours.**

