

Patient Elopement Incident Report

Patient Information

Patient Name:

Patient ID / MRN:

Date of Birth:

Unit / Department:

Incident Details

Date of Incident:

Time of Incident:

Location:

Elopement Discovered by:

Witnesses:

Description of Incident:

Actions Taken

Immediate Actions:

Notifications (e.g., Security, Family):

Patient Returned Time:

Patient Condition Upon Return:

Reporter Details

Reported By:

Title / Role:

Date Reported:

Signature:
