Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

DATE OF SENTINEL EVENT: YYYYMMDD

FOR STATE USE ONLY

REGISTRY NUMBER:

DATE RECEIVED:

FACILITY INFORMATION

FACILITY LICENSE NUMBER:

FACILITY NAME:

REPORT COMPLETED BY: LAST NAME | FIRST NAME | MIDDLE INITIAL

DATE FACILITY BECAME AWARE: YYYYMMDD

DATE STATE NOTIFIED: YYYYMMDD

PATIENT INFORMATION

PATIENT CONTROL NUMBER:

MEDICAL RECORD NUMBER:

PATIENT'S RESIDENT COUNTRY: 185

PATIENT'S RESIDENT STATE/DISTRICT/TERRITORY (if USA): 28

PATIENT'S RESIDENT COUNTY (if Nevada):

PATIENT'S SEX: ☐ male ☐ female

PATIENT'S DATE OF BIRTH: YYYYMMDD

DATE PATIENT/FAMILY/SIGNIFICANT OTHER NOTIFIED OF SENTINEL EVENT: YYYYMMDD

METHOD OF NOTIFICATION:

EVENT INFORMATION

DEPARTMENT WHERE PATIENT WAS PHYSICALLY LOCATED WHEN SENTINEL EVENT OCCURRED

ancillary/other - specify:

TYPE OF EVENT

Pursuant to NRS 439.835, NAC 439.900-920, NRS 439.840(2), NRS 439.845(2)b, and NRS 439.855, this form must be completed and submitted to the Division of Public and Behavioral Health whenever a sentinel event occurs at a medical facility. Visit the division's sentinel events webpage for further guidance.

FOR STATE USE ONLY	
REGISTRY NUMBER:	

ADDITIONAL INFORMATION/COMMENTS

Fax to (775) 684-5999 or send via certified mail with a return receipt to:

ATTN: Sentinel Events Registry
Division of Public and Behavioral Health
4150 Technology Way Ste 300
Carson City NV 89706-2009

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