

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:

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

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 SERVICES PROVIDED TO PATIENT OR 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