

Medical Harm Timeline & Record Organizer

Describe a Serious Hospital Injury, Unsafe Event, or Fatality

Purpose:

This questionnaire is designed to help patients and families organize important information about a serious hospital event. Save and print the document for your records. The form uses check boxes and short-answer sections to help individuals describe what happened in a structured, brief way. No optional personal data will be revealed to any third party at any time.

SECTION 1

Patient Information

- Patient Name (Optional): _____
- Date of Birth: _____
- Age at Time of Incident: _____
- Gender:
 - Male
 - Female
 - Nonbinary
 - Prefer not to say

Person Completing This Form

- Patient
- Parent
- Spouse/Partner
- Adult Child
- Other: _____

Name of person completing form (Optional): _____

Relationship to patient: _____

Phone: (Optional): _____

Email (Optional): _____

SECTION 2

Hospital Information

- Name of Hospital: _____
- City/State: _____
- Dates of Hospitalization: _____

Type of Admission

- Emergency Room Visit
- Inpatient Admission
- Surgery
- Labor & Delivery
- Psychiatric Admission
- ICU Admission
- Transfer From Another Hospital
- Other: _____

Department(s) Involved

(Check all that apply)

- Emergency Department
 - Intensive Care Unit (ICU)
 - Medical/Surgical Floor
 - Behavioral Health/Psychiatry
 - Labor & Delivery
 - Surgery/Operating Room
 - Recovery Room
 - Telemetry/Cardiac Unit
 - Rehabilitation
 - Other: _____
-

SECTION 3

What Happened?

Why was the patient originally admitted?

What was the most serious and harmful event?

(Check all that apply)

- Delay in treatment
 - Failure to diagnose
 - Wrong diagnosis
 - Medication error
 - Surgical error
 - Infection acquired in hospital
 - Fall
 - Pressure sore/bed sore
 - Failure to monitor patient
 - Failure to respond to emergency symptoms
 - Unsafe discharge
 - Patient left unattended
 - Failure to supervise staff or resident physicians
 - Failure to transfer patient appropriately
 - EMTALA violation concerns
 - Mental health patient abandonment
 - Dehydration/malnutrition concerns
 - Sepsis concerns
 - Respiratory distress ignored
 - Bleeding concerns
 - Delayed surgery/procedure
 - Physical restraint concerns
 - Suicide/self-harm incident
 - Unexpected death
 - Other: _____
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SECTION 4

What was the outcome?

(Check all that apply)

- Temporary injury
- Permanent injury
- Brain injury
- Organ damage
- Paralysis
- Emotional trauma

- Additional surgeries required
- ICU admission required
- Extended hospitalization
- Readmission to hospital
- Death
- Other: _____

Date of Injury or Death:

SECTION 5

Names of Doctors Involved (Optional)

1. _____
2. _____
3. _____

Names of Nurses or Other Staff Involved (Optional)

1. _____
2. _____
3. _____

Did any staff member say something that concerned you?

- Yes
- No

If yes, describe:

SECTION 6

Warning Signs & Concerns

Did the patient or family warn staff that something was wrong?

- Yes

- No

Were concerns ignored or minimized?

- Yes
- No

Which concerns were raised?

(Check all that apply)

- Severe pain
- Difficulty breathing
- Confusion/change in mental status
- Bleeding
- Falling blood pressure
- Fever/infection symptoms
- Suicidal thoughts
- Unable to walk
- Not eating/drinking
- Unsafe discharge concerns
- Medication reaction
- Other: _____

How did staff respond?

SECTION 7

Discharge & Follow-Up

Was the patient discharged unexpectedly or too early?

- Yes
- No

Was the patient discharged to:

- Home
- Nursing facility
- Rehabilitation center
- Homeless shelter

- Hotel/motel
- Street/sidewalk/public area
- Another hospital
- Unknown
- Other: _____

Was the patient able to safely care for themselves at discharge?

- Yes
- No
- Unsure

Did staff explain discharge instructions clearly?

- Yes
 - No
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SECTION 8

Medical Records & Other Evidence

Have you requested medical records?

- Yes
- No

Do you currently possess:

(Check all that apply)

- Hospital records
 - Billing records
 - Death certificate
 - Autopsy report
 - Photographs
 - Video/audio recordings
 - Text messages/emails
 - Government investigation reports
 - Witness statements
 - Other: _____
-

SECTION 9

Complaints

Have complaints been filed with:

(Check all that apply)

- Hospital administration
 - State health department
 - Medical board
 - Nursing board
 - CMS
 - Accreditation organization
 - Law enforcement
 - Attorney contacted
 - Lawsuit filed
 - No complaints filed yet
-

SECTION 10

Timeline of Events

Please briefly describe the sequence of events in your own words.

SECTION 11

Any Additional Concerns?

Did you observe any of the following?

(Check all that apply)

- Understaffing
 - Staff appearing overwhelmed
 - Delayed responses to call lights
 - Conflicting information from staff
 - Missing documentation
 - Records that appeared inaccurate
 - Staff arguing or confused
 - Unsanitary conditions
 - Lack of physician supervision
 - Patient wandering/elopement concerns
 - Security concerns
 - Staff discussing cover-up concerns
 - Other: _____
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SECTION 12 — FINAL COMMENTS

Is there anything else you believe is important?

Date: _____