

# Beaver County Behavior Health

## Critical Incident/Early Warning Submission Form

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SSN\*

First Name\*

Middle Init

Last Name\*

Date of Birth\*

Gender\*

Race\*

MA Recipient Nr

Associated Provider View Access

Has a WRAP

Has a MH Advance Directive

Emergency Contact Name

Emergency Contact Street Address 1

Emergency Contact Street Address 2

Emergency Contact City

Emergency Contact State

Emergency Contact Zip

Emergency Contact Phone Nr

Emergency Contact Email Address

Date of Death

Death Description

Notes

# Beaver County Behavior Health

## Critical Incident/Early Warning Submission Form

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Incident Date\*

Incident Type\*

Illness Subcategory **(CI only)**

Commitment Status **(CI only)**

When type is CRIT-Overdose - Fatal (Y/N)

Number People Impacted

Incident Location\*

Incident Location Type\*

Reporting Person\*

Title of Person Reporting

Reporting Agency\*

Reporting Phone Nr

Housing Type\*

History Of COD

# Beaver County Behavior Health

## Critical Incident/Early Warning Submission Form

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Incident Desc\*

Followup Actions