

**General Practitioner  
Sentinel Event / Serious Near Miss Report**

*Please attach additional information if space below is insufficient*

**Name & contact details of GP reporting incident:**

Name:

Phone no:

Email address:

Postal address:

**Patient Name & DOB or Medical Record Number: (to enable follow-up of medical records)**

**Description of Sentinel Event / Serious Near Miss:**

**Investigation and Analysis: State any issues that have been investigated and analysed:**

**Action taken by GP:**

**Recommendations for planned action by Area Health Service:**

**Do you wish to discuss this event with SSWAHS Clinical Governance Unit: Yes / No**

**Please send report to Dr Maree Bellamy, Director Clinical Governance Unit, SSWAHS**

**Fax 9828 5914    ph 9828 5808**

**Postal address: SSWAHS, Locked Bag 7017, Liverpool BC, NSW, 1781.**

**Signed: .....**

**Date: .....**