

MULTIPLE/REPEAT MUI INCIDENTS & PREVENTION FORM

Handout 4

Individual's Name: _____ SSA/Service Facilitator: _____

List type(s) of MUI(s) and # of each:

Type	Number
_____	_____
_____	_____
_____	_____
_____	_____

Is there a pattern in the MUIs for this person? (Circle one) YES NO

If there is a pattern, what is it?

Keeping in mind that there is a prevention plan in place for every MUI, explain why there has been recurrence of the MUIs.

Please write a brief narrative outlining the prevention plan to address the entire trend and reduce the likelihood of more MUIs.

Please turn this form into your supervisor before 11/01/09. Thanks!!!!