



Association of  
Tongue-tie Practitioners

# Adverse Incident Form

Date of incident:		Practitioner:	
Venue of incident (Please tick)	Baby's home <input type="checkbox"/>	Community Clinic <input type="checkbox"/>	Hospital <input type="checkbox"/>
Summary of incident:			
Action taken:			
Other healthcare professionals involved in subsequent care:			



Initial outcome:			
Transfer to NHS hospital	Yes	No	Comments:
Debrief offered	Yes	No	
Debrief accepted	Yes	No	
Debrief completed	Yes	No	
Final outcome:			
Reflective account completed for NMC revalidation	Yes	No	

Please complete and email to: [adverseevents@tongue-tie.org.uk](mailto:adverseevents@tongue-tie.org.uk)