

Priority Patient Concern Form (PPC)

Date: _____ **Time:** _____

VA Site: (circle one) Hines Jesse Brown N. Chicago Milwaukee Tomah Madison Iron Mountain

Patient Name: _____ **Last Four SSN:** _____

Patient Address, City, State: _____

Phone: _____

Check all that apply:

- ☐ **Environment Problems** - Significant and/or hazardous condition within the dwelling which poses a safety or health risk to the patient or others
- Fire evacuation routes not accessible
- ☐ **Fire Safety** - Non-adherence to oxygen safety instructions
- Observed smoking while on oxygen or indications of smoking while on oxygen
- Indication of oxygen use within 8' of ignition source
- Burns to nares/face
- ☐ **Patient Health Concern** - Emergent health condition/issue observed or relayed by patient/caregiver
- Physical impairment preventing the patient from utilizing equipment as prescribed
- Patient appears to have difficulty comprehending/retaining equipment or safety instructions

Detailed description of adverse event/concern and action taken (Mandatory):

NOTE: All PPC issues will be addressed with the patient by the contracted vendor and the description of the event and subsequent education/action will be documented.

All PPC notifications from vendor are relayed to the corresponding Prosthetics coordinator/Prosthetics section at the servicing VA via phone immediately and fax sent no later than the next business day.

Person Reporting Issue (Print) _____ **Vendor Site** _____