



## Maine Sentinel Event Functional Evidence Form

This form is to provide further information for certain Sentinel Events previously reported to the Division.

Section 3.3.2.1.1: Within 14 days of discharge from a health care facility, if evidence is discovered that the major loss of function was not permanent, the facility must submit the department-approved Functional Evidence form with supporting documentation to the SET, and a RCA of the event is not required.

**Forward completed form to the Sentinel Event Program  
Confidential Fax Number (207) 287-3251**

Today's Date: \_\_\_\_\_

Date of Discovery: \_\_\_\_\_

Date SE Reported: \_\_\_\_\_

Date/Time of SE: \_\_\_\_\_

Date Loss of Function Reported: \_\_\_\_\_

Patient Age \_\_\_\_\_ M  F

Admitting Diagnosis: \_\_\_\_\_

Brief description of the event including location:

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Brief description of events during 14 days after discharge:

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Attach physician documentation that loss of function has resolved.

Reporter's Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Signature of Reporter: \_\_\_\_\_