

ANNUAL REPORT – INDEPENDENT PROVIDER

TRENDS and PATTERNS

Individuals with 5 or more MUI categories in 6 months or 10 or more MUIs in 12 months in the current year: _____

Name: _____

MUI types: _____

Action plans and preventive measures taken to address this trend/pattern:

Date the action plans and preventive measures were added to the individual's plan:

Previous year's trends and patterns:

Name of individual: _____

Have the MUI categories involving the individual increased, decreased, or stayed the same?

Were the action plans and preventive measures effective? _____
(Use additional pages to add other individuals if needed.)

Date this review was completed: _____

Name of person completing this review: _____