CLIENT HANDOVER CHECKLIST

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| --- | --- | --- |
| **DID YOU:** | **YES/NO** | **COMMENTS**  |
| Outline patient details such as:* Name
* Age
* Date of birth
 |  |  |
| Background history of patient  |  |  |
| Situation and status* Update on current situation
* Status (changes?)
 |  |  |
| Observation * Detail any observations you made during your shift
 |  |  |
| Assessments and actions * What is the problem?
* Results of assessments, did you undertake any assessments? E.g., scans etc.
* Any outstanding tasks to be completed
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| Responsibility and risk management * Recommendations/requests
 |  |  |

DATE:

TIME:

NAME: NAME:

SIGNATURE: SIGNATURE: