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 |  |  |
| Responsibility and risk management   * Recommendations/requests |  |  |

DATE:

TIME:

NAME: NAME:

SIGNATURE: SIGNATURE: