

Clinical Handover Template

I	Identify	<p>Client details (if different from client ID label)</p> <p>UR Number: _____</p> <p>Name: _____</p> <p>Date of Birth: _____</p> <p>Client address: _____</p> <p>_____</p> <p>Client phone number: _____</p> <p>Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other Interpreter Required: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Language _____</p>	<p>Handover to:</p> <p>Handover discussed with client: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <hr/> <p>Handover from:</p> <p>Name: _____</p> <p>Department/Program: _____</p> <p>Contact Number: _____</p> <p>Email: _____ @monashhealth.org</p>
		S	Situation
B	Background	<p><i>Relevant Past Medical History/Treatment:</i></p> <p>_____</p> <p>If the individual is distressed, how would they like me to respond?</p> <p>Do they have a safe space? (If yes, please describe)</p> <p><input type="checkbox"/> Further Information Available in/on: _____</p>	
A	Assessment		
R	Request		
<p>Name & Designation: _____ Signature: _____ Date: _____</p>			