



Yes No

Date: _____

Shift: _____

Reporting Practitioner: _____

Crisis Stabilization Unit: Client Status Change of Shift Report

Shift Report Legend	
Situation	<i>Reason for transfer/consult/referral</i>
Background	<i>Relevant medical and psychosocial history</i>
Assessment	<i>Summarize pertinent and significant findings and your assessment. What do you think the problem is? What are your worries about? What is your gut sense?</i>
Recommendation	<i>What do you recommend for immediate care needs? Share your insight regarding what to worry about, what could go wrong and what to look for? Confirm shared understanding with receiving provider</i>
Optional; additional info	<i>Modules, goal plan, psychiatric consult etc.</i>

Room	Client Name	
1		S:
		B:
		A:
		R:
2		S:
		B:
		A:
		R:
3		S:
		B:
		A:
		R:
4		S:
		B:
		A:
		R:
5		S:
		B:
		A:
		R:
6		S:
		B:
		A:
		R:
7		S:
		B:
		A:
		R:
8		S:
		B:
		A:
		R:

Reporting Practitioner Signature: _____ Time: _____

