

# SBAR Report

## Patient information

Patient's full name:

Age:

Gender:

Date of birth:

Chief complaint:

## Patient's current situation

*Briefly summarize the patient's chief complaints and concerns.*

## Patient's background

*Discuss the patient's personal and family medical histories, current medications (if any), allergies, relevant laboratory results, and previous diagnostic findings.*

**Assessment of the patient**

*Summarize the patient's condition, including observations, exam findings, and any changes or deterioration from previous results.*

**Recommendations**

*Add your recommendations based on the situation and assessment. This may include specific interventions, treatment options, or necessary consultations*

**Additional notes**

Attending healthcare professional:

Date of documentation:

Time of documentation:

Signature: