



SBAR Communication Technique for Patients and Advocates

This form is to help you talk with your healthcare provider when you notice a change in your health that you believe needs medical attention. Gather all this information and complete both sides before you call so you can quickly describe the problem. Healthcare providers are used to getting information this way.

If this is an emergency, call 911.

Situation

I am _____ (state your name).

I am the _____ (relative, advocate, friend, Medical Power of Attorney) for _____ (state the patient's name).

I am concerned about _____.

Background

My (the patient's) diagnosis is _____ or unknown at this time.

My (the patient's) physical limitations are _____.
(**Examples:** hearing loss, difficulty walking, swallowing, poor vision)

My (the patient's) mental limitations are _____.
(**Examples:** dementia, head injury, unable to communicate)

I am (the patient is) _____.
(**Examples:** on oxygen, receiving new medications, recovering from a procedure or surgery, waiting for test results)

Fill in the other side before calling.

Complete both sides of the SBAR form before calling your health care provider.

Assessment

New symptoms I have noticed are _____.

What has changed in my (the patient's) condition is _____.

(**Examples:** pain level, temperature, pulse, blood pressure, breathing, color of skin, agitation, sweating, dizzy, lack of energy, swelling)

I (the patient) seem to be _____.

(**Examples:** stable, unstable, getting worse, in serious trouble)

Request

I would like to talk about these possible actions: _____.

(**Examples:** being seen by the provider, additional tests or monitoring, changes in medication)

If a change is ordered:

When might I see improvement?

Who should I contact if there is no improvement?

When should I contact that person if there is no improvement?

How should I contact that person if there is no improvement?



Transitions of Care Committee