

Community Pharmacy SBAR Communication Tool

Date and Time:		Notes from conversations with the patient (if applicable):
Patient Information (affix label if possible)		
First and Last Name:		
Date of Birth:		
PHIN:		
Situation	Problem:	Prescriber Information
	Level of Urgency: <input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High	Name: Phone Number: Attempts made to reach the prescriber: <input type="checkbox"/> Not applicable <input type="checkbox"/> Attempt one date and time: <input type="checkbox"/> Attempt two date and time: <input type="checkbox"/> Attempt three date and time:
Background	Relevant background information (patient diagnosis, medications, dosages, etc.):	
Assessment	Your assessment should be concise, clear, assertive, and factual:	
Recommendation	Your recommendations should clearly state what needs to happen next:	