MEDICAL DEPARTMENT SHIFT REPORT – CONFIDENTIAL

Date: _____ **Shift:** _____

Nurse(s): _____

_____

No. seen by Physician _____ No. seen by Psychiatrist: _____
No. seen by Dentist: _____ No. seen by Optometrist: _____
No. Seen by OB/GYN: _____

Unscheduled Youth Visits	Unit	Time	Complaints/Treatment	Charted	Nurses Initials
No. seen during Health Call				**Total:**	
No. seen during unscheduled visits				**Total:**	

Emergency Transport Youth Name	Location	Complaint/Treatment	Transport Mode	Parents Notified	HSA Notified

MEDICAL DEPARTMENT SHIFT REPORT

Youth Follow-ups

Nursing Shift Communications

Shift report reviewed by on-coming nursing staff:

Nurse(s): _____ **Date:** _____ **Shift:** _____

_____

Supplemental Page

Nursing Shift Communications