



**Patient Delivered Handover
Emergency Dept.**

This sheet is not a script that must be followed. It has been provided to allow you to have a conversation and share important information between yourself and health care staff.

Hello my name is

I am in hospital because.....
.....
.....

My medical history includes.....
.....

At the moment I am feeling.....
.....

I have/have not been seen by a doctor, and they said
.....
.....

Please turn over

I have been seen by the:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietician	Social Worker	Occupational Therapist	Physiotherapist	Aged Care Team

And they have said.....

.....
.....

Before I get up or walk I need to.....

.....
.....

I need help with (e.g. toileting/standing/walking)

.....
.....

I hope to be transferred/discharged at.....

I am worried about.....

.....
.....

Anything else I wish to add.....

.....
.....