**SBAR Incident Overview (Situation Background Assessment Recommendation)**

**Incident date:**

**Date Incident reported:**

**Location of incident (which provider are you reporting about):**

**Optometrists name and location:**

*Please Use only facts in your narrative, no opinions and no names of the involved.*

*Once reported, if not sent via a secure NHS mail email account can you please follow the report up with a telephone call providing the patient’s NHS number on 01244 650521. This will enable us to send to the provider for a response.*

|  |  |
| --- | --- |
| **Situation/Description:** | |
| **Background:** | |
| **Assessment:** | |
| **Recommendation/Action taken at the time:** | |
| **Patient /Family awareness of Incident**: | |
| **Date:** | **Sent to:** [**abc@abc.net**](mailto:Westcheshireccgincidents@nhs.net) |
| **Reporter By Name:** | **Reporter Designation and email address:** |