**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.*

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