**Situation, Background, Assessment, Recommendation/Plan (SBAR) for Interdisciplinary Team Case Consult**

* **Care Coordinator Name:**
* **Date:**

* **Member Demographic Information:**
	+ Name:
	+ Date of birth/Age:
	+ Product:
	+ Last assessment date or note if member is a refuser/missing member:
	+ Living setting (i.e. address, Customized Living, Adult Foster Care):
	+ Social Supports (i.e. informal supports):
* **Situation:**
	+ What is the area of concern/case status/question needing to be addressed?
* **Background:**
	+ What is the medical/behavioral health history?
	+ What interventions have been attempted/provided to date by member, care coordinator, and other individuals on member’s care team (eg. Primary Care Physician (PCP), family, facility, other providers)?
	+ Goals met to date?
* **Assessment:**
	+ What has your assessment revealed?

* **Recommendation/Plan:**
	+ I propose the following plan be implemented:
	+ Is there any additional treatment/recommendations needed?