**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?