

# Sign Out Form (v1)

Check if No Patients Signed Out

Off-Going Clinician: \_\_\_\_\_ Receiving Clinician: \_\_\_\_\_ Date Shift Started \_\_\_\_\_

Patient Name & MRN & Age		Problem List & Key Issues	Receiving Clinician's Notes
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">Room</div>			<input type="checkbox"/> Admission orders <input type="checkbox"/> Med Rec <input type="checkbox"/> Pt is seen <input type="checkbox"/> H&P is complete
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">Room</div>			<input type="checkbox"/> Admission orders <input type="checkbox"/> Med Rec <input type="checkbox"/> Pt is seen <input type="checkbox"/> H&P is complete
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">Room</div>			<input type="checkbox"/> Admission orders <input type="checkbox"/> Med Rec <input type="checkbox"/> Pt is seen <input type="checkbox"/> H&P is complete
<div style="border: 1px solid black; padding: 2px; width: fit-content; margin-bottom: 5px;">Room</div>			<input type="checkbox"/> Admission orders <input type="checkbox"/> Med Rec <input type="checkbox"/> Pt is seen <input type="checkbox"/> H&P is complete