



## Student/RN Daily Communication Tool

### Behavioral Health

To be prepared for clinical, please fill out the form below for each patient every clinical day.

Instructor \_\_\_\_\_ Contact# \_\_\_\_\_ /School: \_\_\_\_\_

Student Name:	I am able to perform Mental Status Exam Suicide Risk Assessment ADL's Therapeutic Interaction Goal Setting Medication Education	Objectives:
Room	Vital Signs Anxiety Scale 1 _____ 2 _____ Response to PRN medication	
Behavioral Observations	SI Agitated/Aggressive Behavior Sedation Scale _____ Schmid Fall Scale _____ Anxiety Level _____ Grooming Mood Auditory Hallucinations Social Isolation Participated in Group Activity Comfortable with 1:1 interaction	Describe positive observations:

Concerns or Special Request from Patient:

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