

[Type here]

Transfer Trauma Screening (Resident)



NAME	REVIEW DATE
Admit Date	Rm #

Transfer Trauma (RESIDENT Questions)
<p>Script: It's been ____ days since you moved in. We want to ensure your stay with us is as pleasant as possible. For some people, a move like this can be a very satisfying time while others experience some unpleasantness, or even a mixture of both feelings. We have a few questions for you to see how you are doing.</p> <p>1.) How have you been since you moved in _____ days ago? (Open ended)</p> <p>2.) Is there anything we can do to make your stay with us better? <input type="checkbox"/> No <input type="checkbox"/> Yes (describe)</p> <p><i>Guidance: Look for symptom related response such as: withdrawal from others, sadness, loss of appetite, changes in sleep, worry, anger, anxiety, stress, confusion, irritable bowel, feelings of not being safe etc. Don't drive the conversation, work with it and let it go where the resident takes it.</i></p>

Considerations and Actions Taken

Completed By:		
Name	Title	Credential