

All that is necessary on this form is to complete Patient Phone Number entering the phone number where we can best reach you.

NORTHWEST HILLS SURGICAL HOSPITAL
an affiliate of **SCA**

POSTOPERATIVE FOLLOW-UP CALL RECORD
 (REGISTRO POSTEOPERATORIO de LLAMADA de SEGUIMIENTO)

Authorization on file _____ Patient Refused Contact _____ Patient phone number _____

PROCEDURE: _____

DATE	TIME	CALLER	CIRCLE BELOW			
1.			LEFT MESSAGE	LINE BUSY	NO ANSWER	CONTACTED
2.			LEFT MESSAGE	LINE BUSY	NO ANSWER	CONTACTED

INFORMATION OBTAINED FROM: _____ PATIENT/RELATION _____

HAS THE PATIENT EXPERIENCED ANY OF THE FOLLOWING CONDITIONS:

CONDITIONS	YES	NO	N/A
P.O. INTAKE ADEQUATE			
PAIN MEDICATION EFFECTIVE			
DRESSING DRY AND INTACT (DRAINAGE)			
AMBULATING			
NAUSEA/VOMITING			
FEVER GREATER THAN 100°F			
LIGHTHEADEDNESS/DIZZINESS			
COUGH/SOB			
SORE THROAT/HOARSENESS			
EMPTYING BLADDER			
HEADACHE			
FOLLOW-UP APPOINTMENT MADE WITH PHYSICIAN			
DID YOU HAVE ANY PERSONAL SAFETY CONCERNS ?			
IF SO, WERE THEY ADDRESSED?			
DID YOU FEEL INFORMED AT EACH STEP OF THE PROCESS?			

EXPLAIN:

INCISION: CLEAN/INTACT SWELLING REDNESS OTHER
 COMMENTS: _____

CALLER SIGNATURE: _____

PATIENT IDENTIFICATION