

Breckenridge Surgery Center
Post Discharge Telephone Follow Up

Cell/Primary Number: _____ Alternate Number: _____

Date: _____ 2nd Attempt: _____ 3rd Attempt: _____

Time: _____ 2nd Attempt: _____ 3rd Attempt: _____

Contact: () Yes () No

Name and Title of Caller: _____

1) Is the patient feeling alright? If no, explain: () Yes () No

2) Has the patient experienced any problems since the return home? () Yes () No
If yes, explain:

3) Were the patient's preadmission instructions clear? () Yes () No

4) Were the patient's post discharge instructions clear? () Yes () No

5) Has the patient experienced any fever, signs or symptoms of infection? () Yes () No
If yes, explain:

6) What action was taken by caller if prior question was yes?

7) Does the patient have any questions? If yes, explain: () Yes () No

8) Remind patient to return satisfaction survey? () Yes () No