

Patient Label

POST-DISCHARGE CALL BACK
(NOT PART OF MEDICAL RECORD)

Consent for Call-Back

A representative from Sterling Surgical Hospital will attempt to call you after your surgery. Please check the following people that are able to speak with a hospital representative regarding your condition if you are unavailable.

- Spouse or significant other Other: _____
 Parent or guardian Do not discuss my condition with anyone other than myself

Phone number _____ Best time to call _____

Patient Signature Date

*****FOR OFFICE USE ONLY, PLEASE ONLY COMPLETE INFORMATION ABOVE*****

Surgery Date: ___/___/_____ Employee Completing Call: _____

Surgery: _____

Call Back	1 st Attempt	2 nd Attempt	3rd Attempt	Notified MD Office
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Date:	_____	_____	_____	_____
Time:	_____	_____	_____	_____

Spoke With: Patient Spouse Parent Other _____

• Have you had any complications or problems since your surgery? Yes No
If yes, explain: _____

• Do you have a follow up appointment with your surgeon? Yes No
If no, explain: _____

• Do you understand how to use your pain medication? Yes No
If no, explain: _____

• Did we meet your expectations? Yes No

• **This question is not applicable if patient stayed overnight** -- Please remember to return the patient satisfaction survey given to you at discharge. We would like your opinion of the service provided to you.
 Will return survey Needs another survey