

POST OP PHONE CALL PREFERENCE SHEET

Do you want to be called by one of our nurses in a few days to check to see if you've had any problems?

YES \_\_\_\_\_

NO \_\_\_\_\_

What is the number where you can be reached?

\_\_\_\_\_

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**NURSING USE ONLY:**

1. Were you or your caregiver given written and/or verbal instructions before leaving the surgery center? YES \_\_\_\_\_ NO \_\_\_\_\_

2. Any nausea or vomiting at home? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes,

Who did you call or where did you go for this \_\_\_\_\_

3. Any pain at home? YES \_\_\_\_\_ NO \_\_\_\_\_

4. Did you take medications for this? YES \_\_\_\_\_ NO \_\_\_\_\_

5. Was the care you received excellent or poor

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