

POST OPERATIVE PHONE CALL SHEET

Patient Name: _____

Patient Number: _____

Phone Number: _____

Date	Respondent	Caller
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General Condition stated by Patient or Significant Other:

Excellent _____ Good _____ Fair _____ Poor _____

Tolerated Diet: Yes _____ No _____

Nausea/Vomiting: Yes _____ No _____

Drainage from incision: Yes _____ No _____ Type: _____ Amount: _____

Fever: Yes _____ No _____ Temperature: _____

Pain: Severe _____ Moderate _____ Slight _____ None _____ Pain Medication Taken _____

Other: _____

1 st Attempt:	Date	Time	Caller	Reason Not Reached
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2 nd Attempt	Date	Time	Caller	Reason Not Reached
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3 rd Attempt	Date	Time	Caller	Reason Not Reached
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