

Post-Operative Follow-Up Call Form Patient Information

Patient Information

Name: _____

Date of Surgery: _____

Contact Number: _____

Alternate Contact _____

Health Status:

How are you feeling today? _____

Have you experienced any new symptoms or changes in your condition?

Pain Management:

How would you rate your pain on a scale from 1 to 10 today? _____

Are your pain medications effective? Are you experiencing any side effects?

Medication Adherence:

Have you picked up your prescriptions? _____

Are you taking your medications as prescribed?

Do you have any questions or concerns about your medications?

Wound Care:

How is your incision or wound healing?

Have you noticed any signs of infection, such as redness, swelling, or discharge?

Activity and Mobility:

Are you able to move around and perform daily activities?

Have you experienced any difficulties with mobility or physical activity?



Appointments and Follow-up Care:

Have you attended your follow-up appointments? _____

Do you have any upcoming appointments or tests scheduled?

Do you need assistance with scheduling or transportation to your appointments?

Support and Resources:

Do you have the support you need at home?

Are there any resources or services you need help accessing?

Notes:

Next Phone call scheduled for:

