

Facility: _____

INPATIENT FOLLOW-UP PHONE CALL

SURNAME		UNIT NUMBER
OTHER NAMES		
ADDRESS		
DATE OF BIRTH	M.O.	

HOSPITAL / WARD:



Date discharged:.....
 Phone number where patient can be reached:.....
 Contact attempt:
 1. Date: / / Time:
 2. Date: / / Time:

Phone call with: Patient Other Name Relationship:

Acknowledge: Hello Mrs / Mr <patients name>

Introduction: My name is <your name> I am a <role> at <name of hospital>

Duration: Could I take a few minutes of your time to ask you a few questions about your care?

Explanation: You were discharged from <name of unit> yesterday.
 I wanted to call and ask how you are today, is that okay?
 YES NO **Thank you:** for your time

Question	Response (PTO to write further comments)		
How are you today?			
Did a member of our staff talk to you about your follow-up care?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments:		
Do you understand the medications you are taking?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments:		
Have you made your follow-up appointments with your doctor or clinic?	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments:		
Do you have any other questions or concerns?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		
<small>Incentives if required Encourage questions and feedback on my job - Our people Our culture Our Excellence Job - Practical Tools and Teaching Jobs - Knowledge Phone Calls</small>	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Comments:		
We are always trying to improve. Do you have any suggestions for what we can do better?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		
Is there anyone you would like to acknowledge as doing a good job during your stay in hospital? Can you tell me why they did a good job?	Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		
Thank you: for taking time to speak to us about your care			
Date	Signature	Print Name	Designation

BINDING MARGIN - DO NOT WRITE



