

Preoperative Call Sheet

Patient Name: _____ Date of Birth: ___/___/___

Procedure: _____ Date of Surgery: ___/___/___

On _____, the above patient was called to remind them of the surgery date schedules (above) and to reiterate instructions, ascertain patient understanding and readiness for the surgical procedure.

Name and relationship of informant if other than patient:

Spouse: _____

Parent: _____

Guardian: _____

The informant stated:

YES NO N/A

Patient was aware of the date and time of surgery.

Patient intended to keep the appointment.

Patient understood the preoperative instructions.

Patient has the antibiotic on hand and know when to start taking it.

Patient has dressing materials available for postop wound care.

Patient will have someone accompany them to and from the office.

Patient was asked if they have any questions regarding the procedure, its schedule, or their preoperative directions.

(If yes, state question and how it was responded to by the interviewer.

Comments: _____

Signature of Staff Interviewer

___/___/___
Date