

McLaren Flint
Cardiac Surgery
Post-Op Assessment

Patient Name: _____ DOB: _____ Phone: _____ Encounter: _____

Surgeon: _____ Date of Surgery: _____ Procedure: _____

Date of Discharge: _____ Discharge Disposition: _____

Follow up Diagnostics to be completed by (Date): _____

Callback 1- 72 Hours post discharge: ____/____/____

Follow Up: None _____

Signature: _____ Date/Time: _____

Callback 2- 1 week post discharge: ____/____/____

Follow Up: None _____

Signature: _____ Date/Time: _____

Callback 3- 30 days post discharge: ____/____/____

Follow Up: None _____

Signature: _____ Date/Time: _____

Any visits to an ER or admission to a hospital within 30 days post discharge: No Yes, Date: _____

Location of admission: _____ Reason for admission: _____

Procedures performed on readmission: _____

Status 30 days post discharge (REQUIRED): Alive Deceased Lost to follow Up

Filed by: _____ Date: _____ Time: _____

