

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: \_\_\_\_\_



PT.

MR.#/P

DR.