



RIPERN UCC – Discharge Contact Sheet

UR No.

Surname

Given Names

VMO

D.O.B. Sex

(Or use Patient Label)

Presenting Concern: _____

Date of Presentation: / /20

Nurse:

Date of Call: / /

Time:

Phone No:

1. Since presentation to UCC, has there been improvement in your presenting concern?

Yes

No

Other *(please specify)*

NB: If no to this question, refer to doctor

2. Were you given an information sheet on your presenting concern?

Yes

No

NA

Other *(please specify)*

3. Do you feel the way nursing staff explained your treatment was adequate?

Yes

No

NA

Other *(please specify)*

4. Were the medicines you needed when you went home explained to you?

Yes

No

NA

Other *(please specify)*

5. Was there a label and directions on the medication package?

- Yes
- No
- NA

Other (please specify)

6. Were you given an information sheet on your medicine?

- Yes
- No
- NA

Other (please specify)

7. Were you advised to have a follow up appointment with the doctor?

- Yes
- No
- NA

Other (please specify)

8. How satisfied were you with the medical treatment you received in UCC?

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Very unsatisfied | Below average Satisfied | Satisfied | Above average satisfied | Very Satisfied |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other (please specify)

9. Do you have any other comments regarding your hospital treatment?