



LINTON HOSPITAL
 518 N Broadway – PO Box 850
 Linton, ND 58552

Phone: 701-254-4511
 Fax: 701-254-0112

Patient Follow-Up Call

Patient: _____ **Record#:** _____

Attending Provider: _____ **Phone#:** _____

Discharge Date: _____ **Diagnosis:** _____

Person Spoken To and Comments Given: _____

SURVEY QUESTIONS:

“To what extent would you agree with the following statements...”

1. I understood what I was responsible for in managing my health at home.
Disagree **Agree** **Strongly Agree**

2. I understood all of my discharge medications and instructions.
Disagree **Agree** **Strongly Agree**

3. I was satisfied with my nurses, doctors, and other hospital staff in the Linton Hospital.
Disagree **Agree** **Strongly Agree**

4. Is there any staff member you would like to acknowledge for excellent care while you were here?

**Inform the patient that they may be contacted by “Healthstream”, a survey company that will ask them additional questions such as what you just asked them; these surveys help us improve our performance so we would appreciate their participation!*

**If you receive a patient’s voicemail while performing this follow-up call, please state:*

“Hello, this is the Linton Hospital calling for a follow-up on your visit, if you do not have any questions or concerns, there is no need to return this call. Thank you, have a nice day.”

Phone Call done by: _____ Date/Time: _____ Voicemail - Y/N

Phone Call done by: _____ Date/Time: _____

Phone Call done by: _____ Date/Time: _____