

UNM OB Triage Discharge Summary Date \_\_\_\_\_

Patient sticker

Staff person filing completed form \_\_\_\_\_

Discharge diagnosis \_\_\_\_\_

Service: CNM MCH OB

	Yes	No	N/a
New prescriptions reviewed			
Lab results reviewed			
Pending labs:  If <b>yes</b> , who will follow up and when? _____			
Education reviewed			
Education handouts received			

Next appointment date & time \_\_\_\_\_

**For Patient to complete: Please circle best answer**

1. After reviewing the Discharge Summary today, how confident are you in caring for yourself at home?

1                      2                      3                      4                      5  
 Very confident    confident            neutral            not confident    confused

2. How satisfied are you with this discharge process?

1                      2                      3                      4                      5  
 Very satisfied    satisfied            neutral            dissatisfied    very dissatisfied

3. How could we have made your visit today better?

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Please call the nurse advice line at (877) 925-6877 with questions or concerns.

**Thank you for your feedback and for coming to UNM for your care!**

Yellow form to patient    White form filed in Project Discharge bin 6/20/19