

Before starting from home

Have you taken necessary personal belongings with you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you taken all reports, prescriptions, case papers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you carrying medicines which you routinely take (for diabetes, hypertension, thyroid problem etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Have you made provisions for the payment at hospital?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you removed jewellery, nail polish etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Have you informed your insurance company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told to stop any medicines prior to operation ? If yes, have you stopped them?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable

On admission

Have you ensured that your personal details are entered correctly in hospital papers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you confirmed that the diagnosis and name of the surgery has been entered correctly?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you confirmed that the side of surgery (right / left) is mentioned correctly? (especially important when surgery is on eye/ ear/ limbs etc)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable
Have you told the staff about history of previous illnesses or surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you told the staff about the names of the drugs you are allergic to?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you told the staff about medicines which you take routinely and which medicines have you taken today?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you adequately fasting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you understood the procedure/surgery , its advantages and disadvantages?	<input type="checkbox"/> Yes <input type="checkbox"/> No

While taking discharge

Have you got discharge card/ summary	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you collected all the reports/ other belongings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you got clear instructions about what medicine to take at home	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you clear about follow up dates	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been told about restrictions/diet/warning signs of complications	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you collected requisite papers for insurance claim	<input type="checkbox"/> Yes <input type="checkbox"/> No