

Cardiac Surgery Post-Operative Follow-up Form

Patient Information

Patient Name

Hospital Number

Date of Birth

Age

Sex

Surgery Details

Surgery Date

Procedure

Surgeon

Current Visit

Follow-up Date

Visit Number

General Health Status

Clinical Assessment

Blood Pressure

Heart Rate

Temperature (°C)

Respiratory Rate

Weight (kg)

Symptoms/Complaints

Medications

Current Medications

Investigations

Relevant Recent Investigations

Complications

Complications (if any)

Plan / Recommendations

Plan / Recommendations