



PATIENT ADVOCACY WORKSHEET

Understanding Your Patient Rights

Surgery can feel overwhelming. This worksheet is here to help you stay informed and feel more confident before, during, and after your procedure.

Instructions

1. Fill out each section prior to your appointment.
Bring it with you, and share it with your care team or a trusted friend or family member.

1. Surgery / Procedure Details

- Type of Surgery / Procedure: _____
- Date & Time: _____
- Location: _____
- Surgeon / Provider Name: _____
- Anesthesiologist Name (if known): _____

2. Pre-Operative Preparations

Task	(✓) Completed	Notes / Date Completed
------	------------------	------------------------

Fasting instructions received

"Were you told which medications to stop or take before surgery?" (e.g., stop blood thinners)

Pre-op lab tests completed

Did you read and understand your consent form?
Did you ask any questions?"

Transportation home arranged

Post-op support person confirmed

3. Day-of-Procedure Checklist

- Bring ID, insurance card, and list of medications.
- Wear loose, comfortable clothing.
- Do NOT bring valuables to the hospital - remove all jewelry, makeup, and contacts.
- Confirm that you have a reliable ride home.

4. Post-Operative Care Plan

Things to ask about after your surgery before you go

- Pain management plan: _____
- Activity restrictions (e.g., no lifting, bed rest): _____
- Wound care instructions (e.g., dressing changes, signs of infection): _____
- Diet recommendations (e.g., clear liquids, soft food): _____
- Follow-up appointment date/time: _____
- Who to call for questions or concerns (Provider / Nurse Line): _____
- What to watch for (fever, bleeding, etc.): _____
- When can I return to work or activities? _____