



Hand Help, Inc.

Patient Check List

Patient Name _____ Age _____ Sex M F

- Physical Exam of Hand/Arm Complete
 - Surgery Scheduled
 - Expected Surgical Results Explained
 - Consent Obtained
 - Medical Physical Exam Complete (or Not Indicated)
 - Surgery Completed
 - Physical Therapist Visit with Splint Construction Completed (or Not Indicated)
 - Post-Operative Instructions for Physical Therapy Given (or Not Indicated)
 - Post-Operative Care Instructions for Washing and Stitches, Cast, or Pin Removal Given
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Patient Cleared by Team for Discharge
(All Boxes Above Checked)