

[Hospital number] [Name]

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Please | <input type="checkbox"/> Thank you |
| <input type="checkbox"/> More | <input type="checkbox"/> Less |
| <input type="checkbox"/> Lovely | <input type="checkbox"/> Horrible |
| <input type="checkbox"/> Just right | <input type="checkbox"/> Perfect thank you |
| <input type="checkbox"/> Maybe | <input type="checkbox"/> I don't know |

Please call:

Cellphone

Home

Work

- My Mother **[name]**
- My Father **[name]**
- My Partner **[name]**
- My sister **[name]**
- My brother **[name]**
- Dr **[name]**

- | | |
|---|---|
| <input type="checkbox"/> What day is it? | <input type="checkbox"/> Am I allowed to sit up / get up? |
| <input type="checkbox"/> What is the time? | <input type="checkbox"/> Who are the flowers from? |
| <input type="checkbox"/> How did the operation go? | <input type="checkbox"/> How is my cat / dog / child |
| <input type="checkbox"/> Was everything successful? | <input type="checkbox"/> Who is feeding my cat / dog / child? |
| <input type="checkbox"/> Please explain further... | <input type="checkbox"/> Is there any mail / e-mail? |
| <input type="checkbox"/> When will Dr [name] be here? | <input type="checkbox"/> Please fluff up my pillows. |
| <input type="checkbox"/> Are there any doctors around? | <input type="checkbox"/> Please straighten / smooth my blankets. |
| <input type="checkbox"/> Hello Nurse / Doctor. What is your name? | <input type="checkbox"/> Please remove a blanket / pillow. |
| <input type="checkbox"/> How long will I be in Intensive Care? | <input type="checkbox"/> Please gently rub my back. |
| <input type="checkbox"/> I have a pain ... (point to it) | <input type="checkbox"/> Please put my glasses on / off. |
| <input type="checkbox"/> Could I have some pain relief? | <input type="checkbox"/> Could you please clean my teeth? |
| <input type="checkbox"/> Could I have some ice? | <input type="checkbox"/> Could I have a tissue please? |
| <input type="checkbox"/> I am too hot. | <input type="checkbox"/> Please dim the lights. |
| <input type="checkbox"/> I am too cold. | <input type="checkbox"/> Could I have the lights on / off / out of my eyes? |
| <input type="checkbox"/> I feel nauseated. | <input type="checkbox"/> Please hold my hand (especially for needles!) |
| <input type="checkbox"/> I need a toilet / bed pan. | <input type="checkbox"/> Could I have some Vitamin A cream for my lips? |
| <input type="checkbox"/> Please don't bump the bed. | <input type="checkbox"/> Please wipe my face with a wet / dry cloth (hot / cold). |