

Patient's Checklist for Office-Based Procedures

from the Institute for Safety in Office-Based Surgery (ISOBS)



Inquire	What are my doctor's credentials?	Does the doctor have privileges to perform the same procedure at a hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No In what specialty is the doctor board-certified? <input type="checkbox"/> _____ How many times recently has the doctor performed this type of procedure? <input type="checkbox"/> _____ What is the doctor's reputation? <input type="checkbox"/> _____ Who will be giving sedation/anesthesia, if needed, and who will be monitoring me during the procedure? <input type="checkbox"/> _____
Stable	Are my medical conditions stable?	Are my medical conditions under control? <input type="checkbox"/> Yes <input type="checkbox"/> No
Office	Is the office accredited and licensed?	Is the office accredited and certificate posted? <input type="checkbox"/> Yes <input type="checkbox"/> No Who inspects and certifies the office for safety and infection control? <input type="checkbox"/> _____
Best	Is this office the best place for my procedure?	For my procedure, is the office or the hospital the best setting? <input type="checkbox"/> Yes <input type="checkbox"/> No
Suited	Can this office handle an emergency?	Is the office staff properly trained and equipment available in case of an emergency? <input type="checkbox"/> Yes <input type="checkbox"/> No If I need additional medical care, where will I be transferred? <input type="checkbox"/> _____
Plan	After the procedure, what is the plan for my recovery?	Who will monitor my recovery and who will supervise my discharge home? <input type="checkbox"/> _____
Communication	After the procedure, who should I call if I have questions?	Who will contact me after the procedure for follow up? <input type="checkbox"/> _____ If I have questions, whom do I call? <input type="checkbox"/> _____