

For Joint Replacement Surgery

PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

Patient Name (First Initial - Middle Initial - Last Name)

Grid for patient name entry

S.S.N. grid

Gender Male Female

Surgeon grid

CHECK ONE Right Hip Surgery Date Left Hip Surgery Date Right Knee Surgery Date Left Knee Surgery Date

1. Referred to this practice by:

2. List meds, dosage, how taken, for what problem:

Large grid for listing medications

3. Allergic to any meds, specify:

Grid for listing allergies

4. Previous surgeries (check all that apply):

- Appendectomy, Bladder suspension, Breast biopsy, Carotid endarterectomy, Cataract, Cesarean section, Cholecystectomy, Excision herniated lumbar disc, Heart bypass, Hemorrhoidectomy, Hernia repair, Gastrointestinal surgery, Hysterectomy, Prostatectomy, Thyroid surgery, Removal skin lesion, Tonsillectomy, Tubal ligation, TURP, Vasectomy, Vein stripping, Exploratory laparoscopy, Other

5. Specify other previous surgeries:

Grid for specifying other previous surgeries

For

Joint Replacement Surgery

PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

S.S.N. - -

6. Primary healthcare provider: _____

7. Specialist: _____

8. Specialist: _____

9. Specialist: _____

10. Marital Status: Married Never married Divorced Separated Widowed

11. Number of children: None 1 2 3 4 or more

12. Do you ever drink alcohol: Yes No

13. Do you smoke now: Yes No

14. How many years have you smoked:

15. Family History (does anyone in your family have):

- Back problems Kidney disease Lung problems High blood pressure
- Heart problems Artherosclerosis Major paralysis or neurologic problems
- Diabetes Cancer diagnoses Ulcer Any bleeding problems
- Liver disease Depression Rheumatoid arthritis Osteoarthritis or degenerative arthritis
- Previous anesthesia problems Other medical problem

16. Specify other medical problem:

S.S.N. [] [] [] - [] [] - [] [] [] []

Activity Level

44. If pain in joints, when does it hurt: Never Only occasionally or intermittently
 Only when I first get up from a sitting or standing position
 Only when I walk more than 30 minutes
 Anytime I walk At all times

45. Pain Scale: 0 = No pain/10 = Severe pain:

- 0 - No pain 1 2 3 4 5 6 7 8 9 10 - Severe pain

46. Current general activity level:

- I am bedridden or confined to a wheelchair
 I am sedentary (in a chair) with minimal capacity for walking or other activity
 I am partially sedentary and can do desk work/light housekeeping or bench work
 I perform light labor such as heavy house cleaning/assembly line work/yard work/or light sports
 I perform moderate manual labor with lifting heavy weight and/or participate in moderate sports
 I participate in heavy manual labor/frequently lift heavy weights or participate in vigorous sports

47. Physical therapy for arthritis:

- Never Less than once per week Once per week More than once per week but not daily Every day

48. Number of time had joint injections (steroid) for arthritis:

- None 1 2 3 More than 3

49. During past week how often taken pain medications:

- 3 or more times a day Once or twice a day Once every couple of days Once Not at all

50. During past 6 months did you take NSAIDS medication: Yes No

51. During past 6 months taken any narcotic pain medication for arthritis: Yes No

52. Do you use a walking aid: Yes No

53. If using a walking aid, why: Hip pain/discomfort Knee pain/discomfort
 Other joint problems Stability

S.S.N. - -

7. Planned Pre-Operative Hip Procedure-Right:

- Primary THR Revision THR - Acetabular Components Revision THR - Femoral Component
- Conversion of Previous Surgery to THR Preparation and Insertion of buld allograft
- Removal of Hardware Resection Arthroplasty

8. Planned Pre-Operative Hip Procedure-Left:

- Primary THR Revision THR - Acetabular Components Revision THR - Femoral Component
- Conversion of Previous Surgery to THR Preparation and Insertion of buld allograft
- Removal of Hardware Resection Arthroplasty

9. Planned Pre-Operative Knee Procedure-Right:

- Primary TKR with patella Revision TKR-Patellar component Revision TKR - Tibial component
- Revision TKR - Femoral component Medial Unicompartmental Knee replacement
- Lateral Unicompartmental Knee replacement Conversion of Previous Surgery to TKR
- Resection Arthroplasty Prep and insertion of bulk allograft

10. Planned Pre-Operative Knee Procedure-Left:

- Primary TKR with patella Revision TKR-Patellar component Revision TKR - Tibial component
- Revision TKR - Femoral component Medial Unicompartmental Knee replacement
- Lateral Unicompartmental Knee replacement Conversion of Previous Surgery to TKR
- Resection Arthroplasty Prep and insertion of bulk allograft

For

• Right Knee

Joint Replacement Surgery

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Patient Name (First Initial - Middle Initial - Last Name)

Grid for patient name input

S.S.N.

Grid for social security number input

Gender Male Female

Surgeon

Grid for surgeon name input

Date of Surgery

Grid for date of surgery input

(MM-DD-YYYY)

1. Skin Status: Normal Scar(s) Abnormal

2. Specify previous knee incision: Medial Lateral Anterior Transverse Parapatellar Longitudinal Puncture wounds Hockey stick

3. Previous knee operations: Yes No

4. Specify previous knee operations:

- Arthrodesis, Arthroscopic meniscectomy, Arthroscopy (other), Chondroplasty, Femoral osteotomy, Lateral PF release, Ligament reconstruct, Open meniscectomy, ORIF femur, ORIF patella, ORIF tibia, Patellectomy, PF realignment, Revision TKR, Synovectomy, Tibial osteotomy, Total knee replacement, Unicompartmental knee, Other

5. Specify other knee operation: _____

6. Associated conditions with arthritis: Yes No

7. If there were associated conditions with arthritis, check all that apply:

- Ankylosing spondylitis, Congenital hip dysplasia, Gout, Hemochromatosis, Juvenile rehumatoid arthritis, Legg-Calve-Perthes, Osteochondritis dissecans, Osteonecrosis, Paget's disease, Pigmented villonodular synovitis, Post septic, Post traumatic, Protrusio, Pseudogout, Psoriasis, Rheumatoid arthritis, Slipped capital femoral epiphysis, Systemic lupus erthematous, Other

8. If other associated conditions, specify: _____

9. Previous knee infection: Yes No

10. Effusion: None Mild/Moderate Severe/Extreme

11. Tenderness: Anterior Medial Lateral Posterior Patella Combination