Pre-Op Patient Registration

Joint Replacement Surgery

| Patier | nt Name (First Initial - Middle Init | ial - Last Name) | CHECK ONE | Right Hip Surgery Date |
|---|--|--|--|---|
| | | | ☐ Right hip | |
| | CCN | | | Left Hip Surgery Date |
| | S.S.N |] - [| ☐ Left hip | |
| | | | | Right Knee Surgery Date |
| | | | ☐ Right knee | |
| Gender ☐ Male | ☐ Female Surg | geon | | Left Knee Surgery Date |
| | | | ☐ Left knee | |
| 1. Referred to this j | practice by: | | | |
| i. Referred to this | practice by: | | | |
| 2 List made dasag | e, how taken, for what prob | lom: | | |
| 2. List meds, dosag | e, now taken, for what prob | iem. | | |
| | NAME OF THE OWNER. | | | |
| | | | | j |
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| | | | | |
| 3. Allergic to any m | ueds, specify: | | | |
| 3. Allergic to any m | neds, specify: | | | |
| | | | | |
| 4. Previous surgerio | es (check all that apply): | ☐ Breast biopsy | □ Carotid end | |
| 4. Previous surgerion ☐ Appendectomy | | | □ Carotid end | |
| 4. Previous surgerio ☐ Appendectomy ☐ Cataract | es (check all that apply): | ☐ Breast biopsy | □ Carotid end | larterectomy erniated lumbar disc |
| 4. Previous surgerio ☐ Appendectomy ☐ Cataract ☐ Heart bypass | es (check all that apply): Bladder suspension Cesarean section | ☐ Breast biopsy ☐ Cholecystectomy | □ Carotid end | larterectomy erniated lumbar disc tinal surgery |
| 4. Previous surgerio ☐ Appendectomy ☐ Cataract ☐ Heart bypass ☐ Hysterectomy | es (check all that apply): □ Bladder suspension □ Cesarean section □ Hemorrhoidectomy □ Prostatectomy | ☐ Breast biopsy ☐ Cholecystectomy ☐ Hernia repair ☐ Thyroid surgery | ☐ Carotid end ☐ Excision he ☐ Gastrointes ☐ Removal sk | larterectomy erniated lumbar disc tinal surgery cin lesion |
| 4. Previous surgerio ☐ Appendectomy ☐ Cataract ☐ Heart bypass ☐ Hysterectomy ☐ Tonsillectomy | es (check all that apply): Bladder suspension Cesarean section Hemorrhoidectomy Prostatectomy Tubal ligation | ☐ Breast biopsy ☐ Cholecystectomy ☐ Hernia repair ☐ Thyroid surgery ☐ TURP | ☐ Carotid end☐ Excision he☐ Gastrointes | larterectomy erniated lumbar disc tinal surgery cin lesion |
| 4. Previous surgerio ☐ Appendectomy ☐ Cataract ☐ Heart bypass ☐ Hysterectomy | es (check all that apply): □ Bladder suspension □ Cesarean section □ Hemorrhoidectomy □ Prostatectomy | ☐ Breast biopsy ☐ Cholecystectomy ☐ Hernia repair ☐ Thyroid surgery ☐ TURP | ☐ Carotid end ☐ Excision he ☐ Gastrointes ☐ Removal sk ☐ Vasectomy | larterectomy erniated lumbar disc tinal surgery cin lesion |
| 4. Previous surgerio ☐ Appendectomy ☐ Cataract ☐ Heart bypass ☐ Hysterectomy ☐ Tonsillectomy | es (check all that apply): Bladder suspension Cesarean section Hemorrhoidectomy Prostatectomy Tubal ligation Exploratory laparoscop | ☐ Breast biopsy ☐ Cholecystectomy ☐ Hernia repair ☐ Thyroid surgery ☐ TURP | ☐ Carotid end ☐ Excision he ☐ Gastrointes ☐ Removal sk ☐ Vasectomy | larterectomy erniated lumbar disc tinal surgery cin lesion |
| 4. Previous surgerio ☐ Appendectomy ☐ Cataract ☐ Heart bypass ☐ Hysterectomy ☐ Tonsillectomy ☐ Vein stripping | es (check all that apply): Bladder suspension Cesarean section Hemorrhoidectomy Prostatectomy Tubal ligation Exploratory laparoscop | ☐ Breast biopsy ☐ Cholecystectomy ☐ Hernia repair ☐ Thyroid surgery ☐ TURP | ☐ Carotid end ☐ Excision he ☐ Gastrointes ☐ Removal sk ☐ Vasectomy | larterectomy erniated lumbar disc tinal surgery cin lesion |

New Mexico Center For Joint Replacement Surgery

Pre-Op Patient Registration

Page 2

| S | .S.N | - | |
|-----------------------|--------------------------|---|--|
| 6. Primary healthca | re provider: | | |
| 7. Specialist: | | | |
| 8. Specialist: | | | |
| 9. Specialist: | | - | |
| 10. Marital Status: | ☐ Married ☐ Never | married Divorced D | Separated |
| 11. Number of child | ren: None 1 | $\square 2 \square 3 \square 4 \text{ or more}$ | |
| 12. Do you ever drin | k alcohol: ☐ Yes ☐ | l No | |
| 13. Do you smoke no | w: □ Yes □ No | | |
| 14. How many years | have you smoked: | | |
| 15. Family History (| does anyone in your fami | ly have): | |
| ☐ Back problems | ☐ Kidney disease | ☐ Lung problems | ☐ High blood pressure |
| ☐ Heart problems | ☐ Artherosclerosis | ☐ Major paralysis or neur | |
| ☐ 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 me | dical problem: | | |

Pre-Op Patient Registration

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Joint Replacement Surgery

| S.S.N | | | |
|--|--|---------------------------------------|--|
| Please indicate which of the following health problems you have. | | | |
| 17. Back problems: ☐ Yes ☐ No | 18. Lung problems: ☐ Yes ☐ No | 19. High blood pressure: ☐ Yes ☐ No | |
| 20. Heart problems: ☐ Yes ☐ No | 21. Hardening of the arteries: ☐ Yes ☐ No | 22. Previous blood clots: ☐ Yes ☐ No | |
| 23. Previous pulmonary embolus: ☐ Yes ☐ No | 24. Major paralysis or neurologic pro ☐ Yes ☐ No | oblems: | |
| 25. Diabetes: ☐ Yes ☐ No | 26. Cancer diagnoses: ☐ Yes ☐ No | 27. Ulcer: □ Yes □ No | |
| 28. Kidney disease: □ Yes □ No | 29. Bleeding problems: ☐ Yes ☐ No | 30. Liver disease ☐ Yes ☐ No | |
| 31. Depression: | 32. Rheumatoid arthritis: | 33. Hiatal hernia: | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 34. Constipation or diarrhea: | 35. Anemia: | 36. Fractures or joint injuries: | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | ☐ Yes ☐ No | |
| 37. Osteoarthritis or degenerative arthrit ☐ Yes ☐ No | is: 38. Previous anest ☐ Yes ☐ No | hesia problems: | |
| 39. Recent weight gain or loss: | 40. Other medical | problems: | |
| ☐ Yes ☐ No | ☐ Yes ☐ No | | |
| 41. Other common health problems: | | | |
| | | | |
| | | | |
| 42. Height (in) 43. Weight (lbs) | | | |

Pre-Op Patient Registration

Page 4

Joint Replacement Surgery

| 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: | | | |
| \square 0 - No pain \square 1 \square 2 \square 3 \square 4 \square 5 \square 6 \square 7 \square 8 \square 9 \square 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 | | | |

General Physical Exam/ Evaluation and Treatment

Joint Replacement Surgery

| | | | | | - |
|---|----------------------------------|---------|-------------|----------|---|
| | CHECK ONE | Right I | lip Surge | ry Date | |
| Patient Name (First Initial - Middle Initial - Last Name) | ☐ Right hip | | - 🔲 - | . | |
| | | Left Hi | p Surgery | Date | |
| | ☐ Left hip | | - 🔲 - | | |
| S.S.N | | Right k | Knee Surg | ery Date | |
| | ☐ Right knee | | - - | | |
| Gender □ Male □ Female Surgeon □ | | Left Kı | nee Surge | y Date | |
| | ☐ Left knee | | _ | | |
| | | | | | |
| | | | | | |
| 1. Systemic Illnesses/comorbidities: ☐ Yes ☐ No | | | | | |
| | | | | | |
| 2. If there were systemic illnesses/comorbidities, check all that apply | | 7.6 | | | |
| ☐ Alcohol ☐ Cancer ☐ Cardiac ☐ Endocrine (Diabetes | , | | intestinal | | |
| | | | ous disease | | |
| | ☐ Parkinson's di | | ☐ Psycl | | |
| ☐ Respiratory ☐ Smoking ☐ Steriods ☐ Thromboembo | olis disease | □ Vasc | ular | ☐ Other | |
| 3. If other system illnesses/comorbidities, specify | | | | | |
| 4. Charnley classification: ☐ Unilateral joint no other disability ☐ Unilateral or bilateral with other joints or | Bilateral joint remedical condit | | • | ion | |
| 5. Expected activity level: ☐ Bed to chair ☐ Household amb ☐ No walking limit ☐ Sports/heavy w | |] Commı | unity ambu | lator | |
| 6. Health/physical status classification: | | | | | |
| ☐ Poor (ASA 4) Decompensated diseases/short life expectancy | | | | | |
| ☐ Fair (ASA 3) Fair control of chronic diseases | | | | | |
| ☐ Moderate (ASA 2-) Medications controlling chronic diseases | | | | | |
| ☐ Good (ASA 2+) No medications/History of chronic medical problems | s but under contr | rol | | | |
| ☐ Excellent (ASA 1) No medications/No chronic illness | | | | | |
| | | | | | |

New Mexico Center For Joint Replacement Surgery

General Physical Exam/ Evaluation and Treatment

Page 2

| S.S.N |
|---|
| |
| 7. Planned Pre-Operative <u>Hip</u> Procedure- <u>Right</u> : |
| ☐ 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 <u>Hip</u> Procedure- <u>Left</u> : ☐ 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 |
| 1 |
| |
| |
| 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. ☐ Prepared insertion of bulk allograft |
| ☐ Resection Arthroplasty ☐ Prep and insertion of bulk allograft |

Pre-Op Knee Physical Exam • Right Knee PLEASE COMPLETE ONE FORM PER OPERATIVE SIDE

Joint Replacement Surgery PLEASE COMPLETE ONE FORM PE

| Patient Name (First Initial - Middle Initial - Last N | S.S.N. Date of Surgery | | |
|---|---|--|--|
| Gender □ Male □ Female Surgeon □ □ | (MM-DD-YYYY) | | |
| 1. Skin Status: ☐ Normal ☐ Scar(s) ☐ Abnorm | al | | |
| 2. Specify previous knee incision ☐ Medial ☐ Parapate 3. Previous knee operations: ☐ Yes ☐ No | □ Lateral □ Anterior □ Transverse | | |
| 4. Specify previous knee operations: ☐ Arthrodesis ☐ Arhtroscopic meni | scectomy | | |
| ☐ Femoral osteotomy ☐ Lateral PF release ☐ ORIF femur ☐ ORIF patella ☐ DR → TVP | ☐ Ligament reconstruct ☐ Open meniscectomy ☐ ORIF tibia ☐ Patellectomy ☐ Synovectomy ☐ Tibial osteotomy | | |
| ☐ PF realignment ☐ Revision TKR ☐ Total knee replacement ☐ Unicompartmental | | | |
| 5. Specify other knee operation: | | | |
| 6. Associated conditions with arthritis: □ Yes □ No 7. If there were associated conditions with arthritis, check all that apply: | | | |
| I mikylosnig spondynus | ongenital hip dysplasia ☐ Gout venile rehumatoid arthritis ☐ Legg-Calve-Perthes | | |
| | steonecrosis | | |
| □ Protrusio □ Ps | seudogout | | |
| ☐ Rheumatoid arthritis ☐ Sl ☐ Other | ipped capital femoral epiphysis ☐ Systemic lupus erthematous | | |
| 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 | | | |