O'CONNOR HOSPITAL
A COMMUNITY HOSPITAL

Joint Replacement and Spine Surgery Patient Questionnaire

Please bring this completed questionnaire with you to your preoperative class.

Patient History:

Name: _____ Date of Birth: _____

Height: _____ Weight: _____ Age: _____

Marital Status: □ Married □ Single □ Widowed □ Divorced

Occupation/Retired: _____

Social Situation:

Who do you live with: □ Alone □ Spouse/family □ Caregiver (___hrs/day) □ Other_____

□ Single story house, _____ steps to enter

□ Two story house, _____ steps to enter. Bed/bathroom located on _____ floor.

□ Apartment on _____floor. Elevator available? □ Yes □ No

□ Other: _____

History of Present Illness:

Surgical Procedure: ***Spine*** Surgery Lumbar Thoracic Cervical

Knee replacement Left Right

Hip replacement Left Right

Anterior Approach Posterior Approach

Date and time of surgery: _____ Surgeon: _____

Do you use an assistive device to walk? □ No □ Yes List Device(s): _____

Are you able to negotiate stairs/curbs? □ No □ Yes Number Of steps _____

List any activity that is limited by or difficult to perform due to joint pain/stiffness:

_____

_____

_____

Equipment: (Please indicate if you own the following equipment)

Assistive devices:

☐ Front wheeled walker ☐ Four wheeled walker (with seat) ☐ Cane

☐ Crutches ☐ Wheelchair

Adaptive equipment:

☐ Reacher ☐ Dressing stick ☐ Sock-aide

☐ Long handled sponge ☐ Leg lifter ☐ Long handled shoe horn

Bathroom:

☐ Bedside Commode ☐ Tub shower combo ☐ Raised toilet seat

☐ Tub only ☐ Stall shower ☐ Tub transfer bench

☐ Hand held shower ☐ Shower chairs/stool ☐ Grab bars

Home Assistance: Do you currently require any assistance for the following activities?

☐ Bathing/dressing ☐ Shopping ☐ Cooking

☐ Driving ☐ Housekeeping

Who currently provides you with assist at home, if needed? _____

Following your surgery, are you able to arrange for family/friends to assist you at home? ☐ Yes ☐ No

What is your intended discharge destination? _____

What is your goal for rehabilitation?

_____

_____

_____

Today's Date: _____ **Therapist:** _____