

Rehabilitation Total Joint Replacement Pre-op Questionnaire

The OT/PT will ask you some questions to see what equipment you need for your surgery. Before your phone visit with OT/PT, please fill out this sheet and have it with you during the phone call.

Name: _____

Height: ____' ____"

Weight: ____lbs/kg

Type of Surgery: Right / Left Total Knee Replacement Total Hip Replacement

Surgeon: _____ Date of Surgery: ____/____/____
dd mm yyyy

Do you live with someone? Yes No

If yes, who do you live with? Spouse Family Other _____

Stairs

Do you have stairs **outside**? Yes _____ No
If yes, how many?

Is there a handrail? yes no If yes, which side is the handrail on when going up the stairs? R/L

Can you avoid these stairs? yes no

Do you have stairs **inside**? Yes _____ No
If yes, how many?

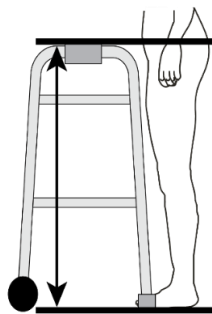
Is there a handrail? yes no If yes, which side is the handrail on when going up the stairs? R/L

Can you avoid these stairs? yes no

Mobility

Do you use a walking aid? No 4ww 2ww Cane Other: _____

Measure the distance from your wrist to the floor while standing _____ inches



Bathroom Set-Up

- Walk-in shower
- Bathtub with doors
- Bathtub with curtain

If you have a bathtub, is the shower head on the: Left Right



Toilet Type

- Standard height
- Comfort height
- Round
- Elongated



Existing Equipment (you already have this equipment)

- seat in shower
- bath seat in tub
- raised toilet seat
- underarm crutches
- cane
- 4 wheeled walker
- 2 wheeled walker
- walker, no wheels