

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:** _____