Orthopedic Referral – Hip & Knee Joint Replacement Pre-Op Eval

Pt. Name:		DOB:
PCP: Las	et PCP Visit:	
Pre-operative Risk Check List: (if any "NO's", please bring to PCP for discussion and approval)		
Has the patient failed conservative measures? (These include NSAID's / analgesics, steroid joint injections, Phy Tx, weight loss, exercise program)		Yes No
Their BMI < 40, or <35 with comorbidities?		Yes No
Is their A1c < 7.5?		Yes No
If a smoker, has the patient quite or not smoked for at least the past 6 months or weeks?		Yes No
Patient is not on anticoagulation.		Yes No
a. If on; Warfarin or Coumadin, is there a plan for bridging?		Yes No
a. If on; Xeralto / Eliquis, is there a plan for bridging?		Yes No
b. If on; Aspirin / Plavix, is there a plan for bridging?		Yes No
Is the patient stable for the surgery from a cardiac standpoint?		Yes No
Risk Assessment and Prediction Tool; Discharge Planning:		
What is their age group?	50-65 years (2) 66-75 year	s (1) >75 years (0)
What is their gender?	Male(2) Female(1)	
How far, on avg., can they walk? (a block ~200m)	\geq 2 blocks (2) 1-2 blocks (1) Housebound (most of the time 0)	
Which gait aid do they use? (more often than not)	None (2) Single point stick (1) Crutches / Frame (0)	
Do they use community support? (Home help, meals-on-wheels, district nurse)	None or 1/week (1) 2 or more	e/week (0)
Will they live with someone who can care for the patient after the operation?	Yes (3) No (0)	
Interpretation / Report:		