

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

Pt. Name: DOB:

PCP: Last 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? Last BMI:	Yes	No
Is their A1c < 7.5? Last A1c:	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.	True	False
a. If on; Warfarin or Coumadin , is there a plan for bridging?	Yes	No
a. If on; Xarelto / 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 years (1)	>75 years (0)
What is their gender?	Male(2)	Female(1)	
How far, on avg., can they walk? (a block ~200m)	≥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/week (0)	
Will they live with someone who can care for the patient after the operation?	Yes (3)	No (0)	

Interpretation / Report:

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