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

	DOB:
st PCP Visit:	
Pre-operative Risk Check List: (if any "NO's", please bring to PCP for discussion and approval)	
(These include NSAID's / tht loss, exercise program)	Yes No
st BMI:	Yes No
	Yes No
uite in the past 6 months, or	Yes No
	Yes No
plan for bridging?	Yes No
or bridging?	Yes No
r bridging?	Yes No
liac standpoint?	Yes No
Risk Assessment and Prediction Tool; Discharge Planning:	
50-65 years (2) 66-75 year	s (1) >75 years (0)
Male(2) Female(1)	
\geq 2 blocks (2) 1-2 blocks (1 (most of the time 0)) Housebound
None (2) Single point stick Frame (0)	(1) Crutches /
None or 1/week (1) 2 or more	e/week (0)
Yes (3) No (0)	
Interpretation / Report:	
	(These include NSAID's / ht loss, exercise program) it BMI: uite in the past 6 months, or plan for bridging? or bridging? r bridging? liac standpoint? (F) Discharge Planning: 50-65 years (2) 66-75 year Male(2) Female(1) ≥2 blocks (2) 1-2 blocks (1 (most of the time 0) None (2) Single point stick Frame (0) None or 1/week (1) 2 or more