Grey Bruce Health Network

Total Hip / Total Knee Replacement Preoperative Assessment Clinic Orthopedic Functional Questionnaire

PATIENT ID

Physical Therapy and Occupational Therapy Combined Form

Please complete this form and bring it with you to your pre-admit clinic appointment.

Pre-Admit Clinic Date: _____ **Surgery Date:** _____

Type of Surgery: _____ **Surgeon:** _____

1. Do you live in:

   a. A private home ❒ Yes ❒ No
   b. An apartment building ❒ Yes ❒ No
   c. A retirement home ❒ Yes ❒ No
   d. Do you live:
      i. ❒ Alone
      ii. ❒ With Spouse/Partner
      iii. ❒ With Other

   } Are they available to provide assistance? ❒ Yes ❒ No

   Do they drive? ❒ Yes ❒ No

2. Are there exterior steps to your home/apartment/lodge, etc? ❒ Yes ❒ No

   If Yes:

   a. How many steps are there? _____
   b. Is there a railing? ❒ Yes ❒ No

3. Do you have to climb stairs to get to your:

   a. Bedroom? ❒ Yes ❒ No
   b. Bathroom? ❒ Yes ❒ No

   If Yes:

   a. How many steps are there? _____
   b. Is there a railing? ❒ Yes ❒ No

4. Is your bathroom equipped with any special equipment? (e.g. grab bars, raised toilet seat, bath seat)

   ❒ Yes (specify) _____ ❒ No

(Please Turn Over)

5. Have you obtained any assistive equipment? (e.g. commode chair, wheelchair, walker)

   ❒ Yes (specify) _____ ❒ No

6. Are you currently employed? ❒ Yes (What Occupation?) _____
   ❒ No

7. Have you had any other surgery on your legs?

   ❒ Yes (explain) _____ ❒ No

8. Have you ever used crutches? ❒ Yes ❒ No
   Have you ever used a walker? ❒ Yes ❒ No

9. Do you have other problems limiting your walking?

   ❒ Other hip or knee pain
   ❒ Breathing
   ❒ Other _____

10. Do you expect to have any problems using your arms for support when walking?

    ❒ Yes (explain) _____ ❒ No

11. My biggest problem is:
    ❒ Pain
    ❒ Weakness
    ❒ Stiffness
    ❒ Problems with Walking
    ❒ Swelling

12. Are you able to walk outdoors? ❒ Yes ❒ No

13. When walking, do you need to use:
    ❒ Cane
    ❒ Walker
    ❒ Rollator
    ❒ Crutches
    ❒ Nothing

14. Do you currently use community support services (e.g. CCAC-Home Care Services, Meals on Wheels)?

    ❒ No ❒ Yes (specify) _____

    _____

15. Do you have extended health coverage for physiotherapy? ❒ Yes ❒ No
    (If uncertain, please check with your extended health insurance company or Veteran's Affairs regarding coverage.)

Thank you for your time. Please bring this form to your pre-admit clinic appointment.