

HIP REPLACEMENT DISCHARGE SUMMARY

Name:		PARIS ID:
DOB:	Age:	PHN:
Gender:		Phone:
Home Address:		

Assessment Start Date: **Assessment End Date:** **Carried Out By:**

Unregistered Contacts

Contact Name	Primary Number	Alternate Number	Association	Comments
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Assessment

Right Left Date of Surgery: Hospital Discharge Date:

Past Medical History:

Post-operative course:

Pain Assessment 0-10

At Rest: With Activity: Nocturnal:

Operative Hip

ROM (degrees) Flex (120): Ext (30):

Abd (45-50):

Strength (Oxford scale 1-5) Hip Flex: Hip Ext:

Hip Abd: Knee Ext:

Ambulation

Aids: Distance:

Stairs:

Railing up on Right Left Elevators

Oxford Hip Score (out of 60): Leg Length Discrepancy:

TEDS stockings size: Post-Op swelling management:

Weight Bearing Status

None Feather % partial WBAT / Full

Duration of Protected WB:

Cognitive Status and Safety Awareness:

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Transportation - current

- Driving Is driven Bus
 Taxi HandyDart

Conditions that may affect post-operative rehabilitation:

Other Information:

Casenote

Note: Once downtime information from this form has been entered in PARIS, shred this working sheet.

----- End of Report -----