

HIP REPLACEMENT PRE-OP

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

Anticipated Date of Surgery: _____ Right Left

Pain Assessment 0-10

At Rest: _____ With Activity: _____ Nocturnal: _____

Operative Hip

ROM (degrees) Flex (120): _____ Ext (30): _____
 Abd (45-50): _____
 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: _____

Home Environment

ADL/IADLs setup

Bed Appropriate Not Appropriate
 Chair Appropriate Not Appropriate
 Dressing Independent Needs Assistance
 Toileting Independent Needs Assistance
 Bathing Independent Needs Assistance

Family support available during day
 Yes No Other support available: _____

Comments: _____

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Cognitive Status and Safety Awareness:

Patient Understands

- stair management
- crutch walking
- exercise regimen
- post-op precautions
- safe car transfers

Meal Management:

Shopping / Household tasks:

Transportation - current

- Driving
- Is driven
- Bus
- Taxi
- HandyDart

Conditions that may affect post-operative rehabilitation:

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Equipment

Equipment - Entry ✓ X

Equipment 📁

Recorded By ...	Date Recorded
Team ...	
Equip Type ...	Repair Co. ...
Equip Item ...	Vendor ...
Funding Source	...
If Other, Specify	
ID Funding Source	Urgency ...
Serial No.	Purchase / Loan / Rent ▼
Replacement Value	GF Strong ATSS Number
Equip Mods.	▲▼
Date Requested	Period Of Loan (Weeks)
Date Received	No longer Applicable <input type="checkbox"/>
Review Usage On	Due Return Date
Client/Caregiver Competent with Equipment <input type="checkbox"/>	Date Equip Returned
Comments	▲▼

Recommendations / Resources

Needs

Need	Post to C/P	Processed	Comments
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Casenote

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

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