



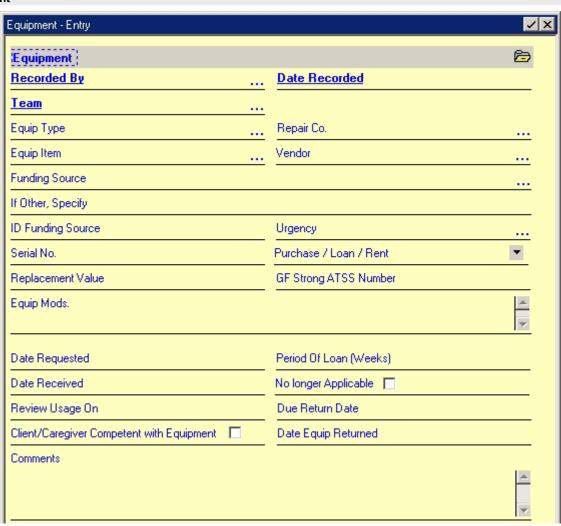
KNEE REPLACEMENT PRE-OP

Name: DOB: Gender: Home Address:		Age:		PARIS ID: PHN: Phone:			
Assessment Start Date:		Assessment End D	ate:	Carried Out By:			
Unregistered Contac	cts						
Contact Name	Primary Number	Alternate Number	Association	Comments			
Assessment							
Anticipated Date of Surge	ery:		Right Lef	it			
Total Knee Uni-compartmental knee							
Pain Assessment 0-10							
at rest:	with activity:		Nocturnal:				
Operative Knee							
ROM (degrees)	Flex (135):		Ext (0):				
Strength (Oxford Scale 1-	5) Quads:		Hams:				
Ambulation							
Aids:			Distance:				
Stairs:							
Railing up on	Right Left		Elevators				
Oxford Hip Score (out of 6	60):		Leg Length Discrepancy:				
TEDS stockings size:			Post-Op swelling manage	ement:			
Home Environment							
ADL/IADLs setup							
Toileting Independent Needs Assistance							
Bathing Independent Needs Assistance							
Family support available during day							
Yes No Other support available:							
Comments:							
Cognitive Status and Safety Awareness:							

KNEE REPLACEMENT PRE-OP

Name:		PARIS ID:			
Patient Understands					
stair management	crutch walking	exercise regimen			
safe car transfers					
Meal Management:					
Shopping / Household tasks:					
Transportation - current	_				
Driving	Is driven	Bus			
Taxi	HandyDart				
Conditions that may affect post-operative rehabilitation:					

Equipment



Needs Need Post to C/P Processed Comments Casenote

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