

- Footscray Hospital Williamstown Hospital
 Sunshine Hospital Sunbury Day Hospital

You have received this form because you have been booked for major Orthopaedic surgery.

Please complete the following assessment.

Please tick the box if patient has any of the below:

Medical Conditions

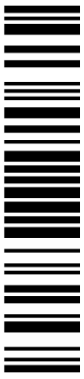
- Sleep apnoea (where patient has been asked to use a CPAP machine but patient does not use it or does not have a CPAP machine)
- High blood pressure. Patient's normal blood pressure _____
- Aortic stenosis. Severity: _____
- Mitral stenosis. Severity: _____
- Cardiomyopathy
- Any other complicated heart condition. Please specify: _____
- Pulmonary hypertension
- Emphysema / Chronic bronchitis and patient gets short of breath walking around the house or is on home oxygen
- Chronic kidney disease. How much kidney function does patient have left? _____
- Diabetes and patient has been admitted to hospital or had a hypoglycaemic (low blood sugar) faint in the last 3 months, or has HbA1c > 10%
- Blood condition that makes patient bleed easily (not from a medication)
- Chronic Regional Pain Syndrome (in any limb)
- An intrathecal morphine pump

Demographic information

- Current weight (kg): _____
- Current height (cm): _____ Calculate BMI: _____
- Current age (years): _____
- Gender (please circle) Male / Female / Other: _____
- Patient's shirt collar size (inch or cm): _____

Concerning Symptoms

- Chest pain when patient is resting, showering, or doing activities around the house
- Shortness of breath or gets unusually tired when you are resting, showering, or doing activities around the house
- Palpitations (feelings of having a fast-beating, fluttering or pounding heart)
- Patient has fainted without any diagnosed reason in the last 3 years
- Does patient **Snore Loudly** (loud enough to be heard through closed doors or patient's bed-partner elbows patient for snoring at night)?
- Does patient often feel **Tired, Fatigued, or Sleepy** during the daytime (such as falling asleep during driving)?
- Has anyone **Observed** patient **Stop Breathing** or **Choking/Gasping** during patient's sleep?



Western Health
Orthopaedic Joint Replacement Assessment

PATIENT IDENTIFICATION LABEL

- Footscray Hospital Williamstown Hospital
 Sunshine Hospital Sunbury Day Hospital

Medications

List all prescribed medications with doses that patient currently take:

(Include any implanted medications or regular injections)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Illicit Drug Use

Does patient use any illegal drugs? If so, please list which drugs and how they are taken:

Note: This is for patient's safety only. This will not be reported to any authority but will remain part of patient's medical record.

_____	_____
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Allergies

Does patient have any allergies to medication?

_____	_____
_____	_____

Difficult Pain Management

Has patient ever had a joint replacement (please circle)? **Yes** **No**

If **YES**, how easy was it to control patient's pain after surgery?

- Easy
 Difficult
 Very difficult

Reducing Opioid Medications Before Surgery

People who do not rely on opioids (such as Oxycontin, Targin, Endone, MS Contin, Kapanol, pain patches etc.) can do better after surgery than those who do.

Would patient be willing to work with their GP to reduce or cease patient's current total daily dose of opioids over the next 3 months? This could speed-up patient's chances of receiving a joint replacement **(Circle)**. **Yes** **No** **Patient does not take opioids**

Filled in by Doctor assessing information - **Campus Suitability:** _____

Clinician Name: _____ Clinician Signature: _____