

Western Health  
Orthopaedic Joint Replacement  
Assessment

- Footscray Hospital       Williamstown Hospital  
 Sunshine Hospital       Sunbury Day Hospital

PATIENT IDENTIFICATION LABEL

The patient been booked for a major orthopaedic surgery. Please complete the following:

**Medical Conditions**

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

- Sleep apnoea where patient have been told to use a CPAP machine but do not use it or do not have a CPAP machine
- High blood pressure. Normal blood pressure \_\_\_\_\_
- Aortic stenosis. How severe? \_\_\_\_\_
- Mitral stenosis. How severe? \_\_\_\_\_
- Cardiomyopathy
- Any other complicated heart condition. What? \_\_\_\_\_
- Pulmonary hypertension
- Emphysema / Chronic bronchitis and patient gets short of breath walking around the house or are 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 have 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?      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 patient get 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  
Form Title Line 1  
Form Title Line 2

Footscray Hospital  
 Sunshine Hospital

Williamstown Hospital  
 Sunbury Day Hospital

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**Medications**

Please write down all prescribed medications with doses that patient currently take:  
Please include any implanted medications or regular injections.

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

**Illicit Drug Use**

Does patient use any illegal drugs? If so, please list which drugs and how you take them:  
This is for patient's safety only. This will not be reported to any authority but will remain part of patient's medical record.

|       |       |
|-------|-------|
| _____ | _____ |
|-------|-------|

**Allergies**

Please list any medication allergies:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**Difficult Pain Management**

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

If patient has, 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 patients GP to reduce or cease patient's current total daily dose of opioids over the next 3 months if it helped you to get patient joint replacement done more quickly?

Yes                      No                      Patient don't take opioids

Filled in by Doctor assessing information:

Campus Suitability: \_\_\_\_\_