

### Orthopedic Class registration form

Name: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

Surgeon: \_\_\_\_\_

Procedure: Total Hip      Total Knee

Home: 1 story \_\_\_\_\_ 2 story \_\_\_\_\_ apt \_\_\_\_\_ with elevator \_\_\_\_\_

Bedroom/Bathroom 1<sup>st</sup> floor \_\_\_\_\_ 2nd floor \_\_\_\_\_

Stairs: into home \_\_\_\_\_ railing \_\_\_\_\_

2<sup>nd</sup> floor \_\_\_\_\_ railing \_\_\_\_\_

Home Support: Live alone \_\_\_\_\_ Live with \_\_\_\_\_

Post op assistance: needed for 24-48 hours upon arrival to home \_\_\_\_\_

Who continuously can be there? \_\_\_\_\_

Equipment at home: Rolling walker \_\_\_\_\_ Comfort high Toilet \_\_\_\_\_ Raised Toilet seat \_\_\_\_\_

Commode \_\_\_\_\_ Other \_\_\_\_\_

Total hips will need rolling walker - raised toilet seat or commode will be given hip kit at discharge

Total Knees will need a rolling walker

(See handout for information on equipment "titled equipment")

Home care: Are you agreeable to home physical therapy \_\_\_\_\_ any preference \_\_\_\_\_

If not then will set up McAuley Seton Home care if on par with your insurance if not will find on par home care.

Have you spoken with MD if spending the night \_\_\_\_\_ or home the same day \_\_\_\_\_