

Pre-Surgical ASSESSMENT

Please complete this pre-surgical assessment form and **bring it with you** to the pre-operative teaching class.

Personal Information

With whom do you live?

Is there anyone else we should contact regarding your discharge plans?

Name: _____

Relationship: _____

Phone: _____

Most of our patients are able to go directly home two or three days after their surgery; however, some patients may need additional time to recuperate. If you need additional time to recuperate before going home, have you determined where you will go?

Yes (where): _____

No

When you go home, you will be able to take care of yourself. However, you may need help with certain tasks. Is someone available to assist you?

Yes I have someone to assist me.

Please list who will assist you with the following:

Transportation from hospital: _____

Transportation to follow-up doctor visits: _____

Meal preparation: _____

Shopping: _____

Housekeeping: _____

No, I do not have someone to assist me.

Home Environment

Are there steps outside to enter your home?

Yes How many: _____

No

Is there a railing outside?

Yes

Right Side

Left Side

No

What floor is the bedroom on?

1st Floor

2nd Floor

What floor is the bathroom on?

1st Floor

2nd Floor

Are there stairs inside your house that you have to use?

Yes How many: _____

No

Is there a railing inside?

Yes

Right Side

Left Side

No

After your surgery, can you stay on the 1st floor?

Yes

No

Do you have:

A Walker

Crutches

3 in 1 Commode

Quad Cane

Is this a Worker's Compensation Case?

Yes

No

Date of Injury: _____

Worker's Compensation Company Name: _____

Contact Person/Case Manager: _____

Phone: _____

Additional Information/Comments/Concerns:

Have you had contact with a home care agency?

Yes which one: _____

No

Patient Signature: _____

Date: _____

Reviewed by: _____

Date: _____

Please remember to
bring this form with
you to pre-op class.