

First Name: _____ Last Name: _____

How would you like to be addressed: _____ Surgeon's Name: _____

Date of Surgery: _____ Type of Surgery: Total Hip Total Knee Partial Knee

Living Situation TODAY

1. **Live** Alone With Family With Spouse Other _____

Is assistance available at home after surgery? Yes No

Name: _____ Relationship: _____ Phone: _____

2. **Live in a** House Mobile Home Apartment Assisted Living Other _____

3. **Home is** One level 2-Story Split level Apartment/elevator Apartment/stairs

Steps You Will Use At Home After Surgery

4. **Steps in home** (please indicate number of steps for each area that applies to your home situation):

Front steps: _____ Railing: None Single Bilateral Split-level steps: _____ Railing: None Single Bilateral

Garage steps: _____ Railing: None Single Bilateral Basement: _____ Railing: None Single Bilateral

Back steps: _____ Railing: None Single Bilateral Upstairs: _____ Railing: None Single Bilateral

5. **Equipment currently have and/or using:**

Walker, type: _____ Commode Elevated toilet seat Cane

Other: _____ None

Getting Around

6. Walks before surgery: Without assistive device With walker With cane With crutches

7. Walks: Outdoors Indoors only 0-6 blocks More than 6 blocks

8. At home, I am unable to: Dress self Bathe self Cook meals Clean house/do laundry

9. At this time, my plans at discharge are:

Return home alone Home with outpatient therapy Home with family
 To relative's home Home with home care Rehab facility: Name _____
 I do not know

10. Anticipated needs/requests for assistance or equipment:

