

**PATIENT INFORMATION**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Surgery: \_\_\_\_\_ Surgeon: \_\_\_\_\_

**Total Hip Replacement**                      Left              Right

**Total Knee Replacement**                      Left              Right

**Please answer the following questions to the best of your ability.**

**HOME ENVIRONMENT**

1. Do you live with anyone at home? Yes      No  
If yes, please state their relation to you.

\_\_\_\_\_

\_\_\_\_\_

2. Will you be going to your home upon discharge from hospital? Yes      No  
If no, please describe your discharge destination.

\_\_\_\_\_

\_\_\_\_\_

3. Do you live in a:  
House              Apartment/condo              Retirement Home              Other: \_\_\_\_\_

4. Do you have stairs to get **into** your house? If so, how many? \_\_\_\_\_ Yes      No  
Railing: Yes      No

5. Will you be setting up on the main level? Yes      No      n/a  
If not, how many stairs will you will need to go up or down inside your home? \_\_\_\_\_ Railing:      Yes      No

**EQUIPMENT**

6. Do you own any of the following equipment:  
Commode              Raised toilet seat with arms              Raised toilet seat without arms              Versa-frame

7. Do you currently use any of the following devices to help you walk:  
Rollator (4-wheeled) walker              Cane              Wheelchair              Other: \_\_\_\_\_

**DAILY ACTIVITIES**

8. Are you currently independent with dressing? Yes      No

9. Are you currently independent with bathing? Yes      No

10. Are you currently independent with toileting? Yes      No

11. Do you currently have help with things around the house (i.e. cleaning, grocery shopping, laundry, banking, etc.) Yes      No  
If so, who helps with this? \_\_\_\_\_