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Referral – Arthroplasty

primary or revision

Name / address / d.o.b. of patient

Name / address / provider no. of referring doctor

Which joint is troubling you?

Have you already had surgery?

NO

What troubles you more; pain, or feelings of instability?

Do you have problems with any of the following –
putting on your own shoes and socks, getting in and out of cars
getting on or off the toilet, public transport, kneeling

YES

If so, what has been done?

If you've already had surgery, did you get an infection?

Would you say you have ever been happy with your surgery?

Do you take any blood thinners? eg aspirin, Plavix etc

Do you have any major medical problems? eg diabetes, angina, kidney failure

Please remember to bring any scans, xrays or other documentation regarding your condition when you come to clinic