***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

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*YES*

If so, what has been done?

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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

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