WEIR ORTHOPAEDICS

At Weir Orthopaedics, we focus on outpatient joint surgery. Here is a quick guide to see if outpatient joint surgery may be right for you.

Age	☐ Less than 82 years old	☐ 82 years old or older
Body Type (Choose one)	☐ 6’5” or taller and **less** than 345 pounds ☐ 6’4”-6’2” and **less** than 330 pounds ☐ 6’1”-5’11” and **less** than 305 pounds ☐ 5’10”-5’8” and **less** than 277 pounds ☐ 5’7”-5’5” and **less** than 255 pounds ☐ 5’4”-5’2” and **less** than 232 pounds ☐ Less than 5’2 and **less** than 225 pounds	☐ 6’5” or taller and **more** than 345 pounds ☐ 6’4”-6’2” and **more** than 330 pounds ☐ 6’1”-5’11” and **more** than 305 pounds ☐ 5’10”-5’8” and **more** than 277 pounds ☐ 5’7”-5’5” and **more** than 255 pounds ☐ 5’4”-5’2” and **more** than 232 pounds ☐ Less than 5’2 and **more** than 225 pounds
Opiod Pain Medication	☐ I do **not** take narcotic pain medication daily	☐ I take narcotic pain medication daily
Support Person (family, friends, neighbors)	☐ I have a reliable support person for 23 hours/day for 4 days after surgery ☐ I have a reliable support person for 6 hours/day for 2 weeks after surgery	☐ I do **not** have a reliable support person for 23 hours/day for 4 days after surgery ☐ I do **not** have a reliable support person for 6 hours/day for 2 weeks after surgery
Outpatient Joint Surgery Candidate?	If most of your answers fall in this column, **you may be a good candidate** for outpatient joint surgery at Weir Orthopaedics. Please **fill out the remainder of this health form** starting on the back of this page.	If most of your answers fall in this column, **you may benefit from seeing a different surgeon** who focuses on inpatient joint surgery. We recommend speaking with your family doctor about surgeons who specialize in inpatient joint surgery

Patient Name: **Date of Birth:**

Medical History: Please mark if you have been diagnosed with the following

- ☐ High Blood Pressure
- ☐ Heart Attack
- ☐ Blood clots
- ☐ Kidney Disease
- ☐ Diabetes
- ☐ Stroke
- ☐ COPD
- ☐ Cancer. Type:
- ☐ Psoriasis
- ☐ Gout
- ☐ Rheumatoid Arthritis requiring medication

Other:		

Surgical History: Please mark if you have had any of the following

- ☐ Knee Scope (R/L)
- ☐ Hip Replacement (R/L)
- ☐ Knee Replacement (R/L)
- ☐ Spine Surgery
- ☐ Heart Surgery

Other:		

Medications: Please list your current medications. Attach additional pages if necessary

- ☐ I do not take any medications

Your Pharmacy: Location:

Patient Name: **Date of Birth:**

Medical Allergies:

☐ No Known Drug Allergies

Medication:	Reaction:
Medication:	Reaction:
Medication:	Reaction:
Medication:	Reaction:
Medication:	Reaction:

Family History: Please list any medical conditions that run in your family

☐ No significant family history

Medical Condition:	Family Relation:
Medical Condition:	Family Relation:
Medical Condition:	Family Relation:
Medical Condition:	Family Relation:
Medical Condition:	Family Relation:

Social History:

Use Tobacco:	☐ Yes	☐ No
Use Alcohol:	☐ Yes	☐ No
Use Illicit Drugs:	☐ Yes	☐ No

Review Of Systems: Please mark if you have been diagnosed with the following

Consitutional

- ☐ Weight Loss/Gain
- ☐ Weakness
- ☐ Fatigue
- ☐ Fever

Cardiovascular

- ☐ High Blood Pressure
- ☐ Chest Pain
- ☐ Rheumatic Fever
- ☐ Palpitations

Musculoskeletal

- ☐ Muscular Weakness
- ☐ Stiffness
- ☐ Muscle Pain
- ☐ Joint Pain

Eyes

- ☐ Glasses/Contacts
- ☐ Blurred Vision
- ☐ Glaucoma
- ☐ Cataracts

Skin

- ☐ Rashes
- ☐ Sores
- ☐ Lumps
- ☐ Dryness

Blood or Lymph

- ☐ Anemia
- ☐ Easy Bruising
- ☐ Easy Bleeding
- ☐ Swollen Glands

Ear Nose Mouth Throat

- ☐ Ear Ringing
- ☐ Nsal Discharge
- ☐ Nosebleeds
- ☐ Bleeding Gums

Neurological

- ☐ Headache
- ☐ Dissiness
- ☐ Vertigo
- ☐ Seizures

Respiratory

- ☐ Shortness of Breath
- ☐ Cough
- ☐ Wheezing
- ☐ Asthma

Gastrointestinal

- ☐ Heart Burn
- ☐ Abdominal pain
- ☐ Gallbladder trouble
- ☐ Hepatitis

Genitourinary

- ☐ Blood in Urine
- ☐ Urinary Infections
- ☐ Kidney Stones
- ☐ Burning Urination

Endocrine

- ☐ Thyroid Trouble
- ☐ Excessive Sweating
- ☐ Excessive thirst

Immunologic

- ☐ Reaction to Drugs
- ☐ Skin Rashes
- ☐ Reactions to Foods

Psychological

- ☐ Nervousness
- ☐ Depression
- ☐ Mood Changes