

HIP AND KNEE PATIENT HOME INFORMATION FORM

Please complete this form **even if you have done so previously**. You will be assessed by one of the therapy team as an inpatient and therefore heights are essential.

Following your surgery, the therapist will need to ensure you are discharged from Hospital to a safe environment. The information you provide on this form will help us to determine your need for any equipment at home.

Please complete **both** sides and send it to the
Therapy Department, Location 26, RJAH Orthopaedic Hospital,
Oswestry, Shropshire, SY10 7AG

OR

E-mail it to **rjah.therapyheightsform@nhs.net**

If you have any queries, please contact the Therapy Office on: **01691**
404240

Name:..... Hospital number:.....

Date of Birth:..... NHS number:.....

Address:..... Type of operation:.....

..... Date to come in for operation:.....

..... Date of pre-op assessment:.....

Contact number:..... GP details:.....

Alternative contact name & number:

.....

(Please CIRCLE as appropriate and provide further details)

Do you live alone? **YES/NO** With whom?.....

Personal care – Independent/Needs assistance

Have you arranged care/someone to stay with you post-op? **YES/NO**

Do you have support with: Cooking/Meals **YES/NO** Housework/Shopping **YES/NO**

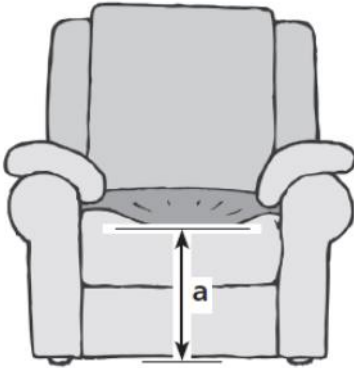
Pendant alarm/Key safe **YES/NO**

Mobility aids used prior to operation? **YES/NO** If YES what?.....

Type of house? House Bungalow Flat Residential/Nursing Home Other

Steps Internal/External/Grab Rails Stairs Bannister R/L Both

Chair - Please measure the height from the lowest point of the compressed cushion to the floor.



Height (a) inches

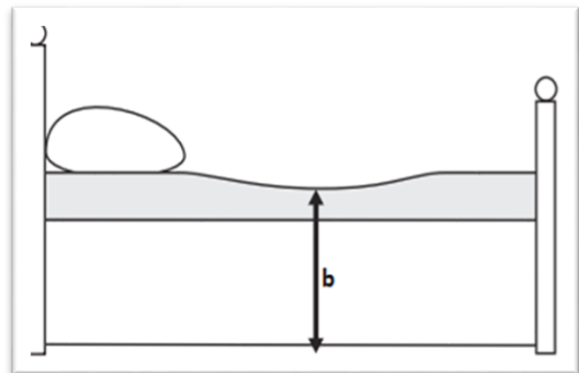
Is this an Armchair or sofa? Please circle

Is your chair a recliner? Yes /No

Please circle the leg type which is most similar to your chair/sofa



Bed - Measure the height from the lowest point of the compressed mattress to the floor.

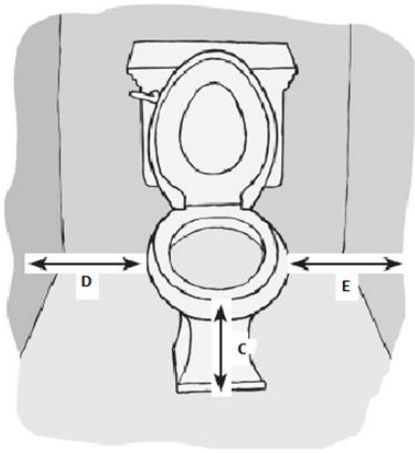


Height (b) inches

Is your bed a single, double, king size?
Please circle

Please circle the leg type which is most similar to the legs of your bed.

Toilet - Measure from the seat to the floor with the lid raised.



How many toilets do you have?

Please measure each one in inches:

Upstairs toilet Downstairs toilet

Height C..... Height C.....

Width D..... Width D.....

Width E..... Width E.....