

Prehab (knee arthroplasty) Discharge planning questionnaire

Support

I live:

Alone

With Family or other (specify): _____

I have someone to call if I am unwell or in case of emergency?

Yes, specify: _____

No

I have arranged to go to a convalescence care facility (a privately operated retirement home that will allow for recuperation and additional care following my surgery).

Yes, specify: _____

No

I would like further information on private convalescence care facilities.
(refer to community resources).

I will have someone to accompany me on my discharge day from the hospital.

Yes, specify: _____

No

I will have someone to stay with me the first 24-48 hours when I get home from surgery.

Family

Friend

Other (specify): _____

After surgery do you have someone to help you:

Prepare meals?	Yes	No	With groceries?	Yes	No
Put the garbage out?	Yes	No			
Care for your pets?	Yes	No	N/A		
Clean your home?	Yes	No	N/A		
Do yard work/snow removal?	Yes	No	N/A		
Drive you to appointments and therapy?	Yes	No			
If no: Will you need ParaTranspo services?	Yes	No			

I am already a member

Please have this completed questionnaire available during your preadmission appointment.

Home environment

Type of dwelling:

Apartment with elevators

Apartment without elevators

Bungalow

2-storey house

House with multiple levels

Other: _____

Please indicate on which level is located each room in the house:

1 = main floor **2 = 2nd level** **3 = basement**

Living room _____ Kitchen _____

Powder room _____ Laundry room _____

Bedroom _____ Bathroom _____

In your bathroom, do you have a bathtub with shower? Yes No

Do you have a shower curtain? Yes No

Do you have a shower door? Yes No

Do you have a shower stall? Yes No

Stairs :

How many steps to get into the house? _____ With railing Without railing

How many steps to the 2nd floor? _____ With railing Without railing

How many steps to the basement? _____ With railing Without railing

Are there any steps elsewhere in the house? Specify: _____

Equipment

Do you have the money to purchase or rent equipment?

Yes No

Are you on...

Ontario Works?

ODSP?

Old Age Security with Supplement? (check if only source of revenue)

Check which equipment you have at home:

2 wheeled walker

4 wheeled walker

Crutches

Cane

Wheelchair

Grab bars for: Toilet Bath

Raised toilet seat

Bath chair

Bath transfer bench

Sock aid

Reacher

Long shoe horn Other : _____

Do you have any additional concerns to address with the clinical staff:
