

Physical Information

Height:	Stated Weight:	lbs.	Kg:	BMI:
Medical History Information Received From: <input type="checkbox"/> Patient <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____				

REVIEW OF SYSTEMS

Cardiovascular System:

- NONE
- Angiogram Angioplasty
- Stents-year _____
- High blood pressure
- Low blood pressure
- Peripheral vascular disease
- Carotid Artery disease
- Chest pain at rest with exertion
- Heart Attack _____ year
- Congestive heart failure*
- Valvular disease MVP A-FIB
- Abnormal rhythm or rate
- Pacemaker/AICD Last checked _____
- Do you see cardiologist? _____
- Date of last visit _____

Able to climb flight of stairs:
 Do you experience chest pain with exercise _____
 Without shortness of breath
 With shortness of breath
 Easily Some / much difficulty
 Exercise regularly: Yes No
 Notes: _____

Digestive System:

- NONE
- Gallbladder
- Hepatitis
- Pancreatitis
- Ulcers
- inflammatory Bowel disease
- Hiatal hernia
- Reflux
- Notes: _____

Hematological System:

- NONE
- Sickle cell: Trait Disease
- Blood transfusion
- Anemia
- AIDS / HIV
- Cancer
- Chemo radiation
- Notes: _____

CONTACT INFORMATION:

Best Phone# _____

May we leave message Y ___ N _____

Arrival Time _____ NPO _____

Driver _____

Pre-Operative Instructions reinforced _____

Respiratory System:

- NONE
- COPD
- Asthma
- TB
- Snoring
- Sleep apnea
- CPAP use Y / N _____ % of time
- Smoker:** N Y _____ ppd Quit _____ yrs ago
- Notes: _____

PEDIATRIC: full term preterm

- no respiratory problems
- respiratory problems at birth
- Notes: _____

Integumentary System:

- NONE
- Rash
- Abrasion
- Abscess / blisters
- Cellulitis
- Chronic skin issues or delayed healing
- Notes: _____

Musculoskeletal:

- NONE
- Neuromuscular disorder
- Osteoporosis
- Arthritis—RA / OA
- Low back / spine problem
- Muscle weakness
- Fibromyalgia
- Gout
- Paresthesia
- Notes: _____

Reproductive System:

- N/A
- LMP _____ Hysterectomy _____
- Menopausal _____ Years _____
- Current infertility treatment
- Notes: _____

Limitations:

- NONE
- Auditory _____ Hearing aids
- Vision _____ Glasses _____ contacts _____
- Mobility _____ walker _____ cane _____ crutch _____
- Wheelchair _____ prothesis _____
- dentures _____
- Notes: _____

Nervous System:

- NONE
- Multiple Sclerosis (MS)
- Migraines
- Seizures
- Head injury
- Paralysis
- Cerebral Palsy
- Stroke/TIA
- Notes: _____

Urinary System:

- NONE
- Difficulty urinating
- Renal insufficiency / failure
- Dialysis
- Recent Kidney stones
- Recent/current Bladder infection
- Incontinence
- Prostate enlargement
- Erectile Dysfunction Meds
- Notes: _____

Psychological:

- NONE
- Depression
- Anxiety
- Bipolar
- ADD
- Autism
- Diet medications
- Notes: _____

Endocrine System:

- NONE
- Diet controlled/borderline

[] Diabetes:

- non-insulin diabetes
- insulin dependent diabetes (bring Insulin day of surgery)
- Low blood sugar
- Hypothyroidism
- Hyperthyroidism
- Delayed wound healing
- Notes: _____

Social History:

Alcohol: N Y _____/weekly

Current street drug use

Recovering addict

Notes: _____

Procedure _____

Patient Label

Additional Testin

Each Risk Factor = 1 Point
 Age 41-60 History of prior major surgery
 Varicose veins Swollen legs (currently)
 BMI > 30 COPD
 Current Bed rest Leg plaster cast or Brace
 Oral Contraceptives or Hormone replacement therapy
 Pregnancy or Postpartum (<1 month)
 Use of Tourniquet General Anesthesia (>30min)

Each Risk Factor= 2 Points
 Age 61-71 Major Sugery (>60 min)
 Arthroscopy Surgery (>60min)
 Previous Malignancy BMI >40

Each Risk Factor = 3 Points
 Age over 75 Surgery Lasting 2-3 hours
 BMI >50 History of SVT, DVT/PE
 Present Cancer or Chemotherapy

Each Risk Factor = 5 Points
 Elective Major lower extremity arthroplasty
 Hip, Pelvis, or Leg fracture (< 1 Month)
 Multiple Trauma (<1 month)
 Major surgery lasting over 3 hours

Total DVT Risk Assessment _____

***Contraindications to SCDs:** No Yes
 (CHF; Active infection; Severe peripheral arterial disease; DVT symptoms; Thrombophlebitis)

Other Provider Information:
 PCP: _____
 Office #: _____ Fax #: _____
 Appt date: _____

Any specialists other than PCP? Y / N
 1. _____ Reason: _____
 phone: _____ Last visit _____
 2. _____ Reason: _____
 Phone: _____ Last visit _____

Anesthesia History

Personal History of Anesthesia: No Yes
 Adverse Response: No Yes
 Difficult Intubation: No Yes
 Motion Sickness: No Yes
 Previous History
 Nausea/ vomiting No Yes
 Malignant Hyperthermia: No Yes

Family History of Anesthesia Problems: No Yes
 Notes: _____
 Family History unknown _____ Adopted _____

Past Surgical History	
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	

Patient Label

Patient informed of Pre-Operative Instructions

_____ RN _____ Date
 Intake RN Signature

_____ RN _____ Date
 RN Signature

_____ RN _____ Date
 RN Signature

ANESTHESIA EVALUATION/COMMENTS:

No apparent contraindications to anesthesia Cancelled due to _____

_____ Date Reviewed

_____ Date Reviewed

NOTES: _____

FOX VALLEY ORTHOPEDICS SURGERY CENTER
(630)513-2635
Important Information About Your Upcoming Surgery

Phone call with pre-operative nurse

The purpose of this call is for a nurse to obtain important health information for you to ensure a safe and smooth procedure. The nurse will contact you to schedule this phone call (generally 5 days prior to surgery).

This phone call will take 10-15 minutes. During the call the nurse will find out:

- Which healthcare provider you are seeing for your history and physical exam
- What prescription and over-the-counter medications you take (please have them ready)
- Your full medical and surgical history

If you haven't received a phone call from the nurse 5 days prior to surgery, please call 630-513-2635 (direct line to pre-operative nurse)

History and Physical

- You will need to have a pre-operative History & Physical (H&P) prior to surgery. Usually, you will need to see your primary care physician or healthcare provider **within the 30 days prior to surgery**. If you are unsure about whether you need to get a H&P from your medical doctor, please call (630)513-2635
- Your medical doctor may also instruct you to receive cardiac or pulmonary clearance prior to the surgery which may involve further diagnostic tests including an Echocardiogram or Stress Test
- A detailed "preoperative guidelines" list will be faxed to your doctor so he/she will be aware of the Fox Valley Orthopedics requirements
- **Other requirements**
 - EKG: All patients 55 and older OR patients with history of high blood pressure, cardiovascular, or coronary artery disease need an EKG within 6 months of surgery
 - Electrolyte test: If you take diuretic medications or have a history of kidney disease, you must have an electrolyte blood test within 90 days prior to surgery

No food or drink (NPO status)

In general, you should not eat or drink after midnight- including water- the night before surgery.

For example, if your surgery is Tuesday at 11 am, you can have nothing to eat or drink after midnight on Monday. **This includes NO candy, gum, mints or lozenges. Also, NO water, coffee or juice the morning of your surgery.**

If you have been instructed to take any medications the morning of your surgery, you make take them with *small* sips of water.

If you are unsure what medications to take, please bring them with you on the day of surgery

What to wear to surgery

- Wear loose fitting clothing
 - **Lower body surgery:** Sweat pants, pajama bottoms or shorts
 - **Upper body surgery:** Button down shirt/clothing that is easy to get on and off and will fit over surgical dressings
- **Contact lenses** should not be worn the day of surgery. Please wear glasses instead
- Please do not wear wear make up, nail polish or jewelry the day of surgery
- You should not bring any valuables with you to the surgery center
 - Leave wedding rings & piercings at home

What to bring to surgery

Please bring a photo I.D. with you for registration

Medications

If you are taking prescribed medications, you will be given instructions on whether you are to take those medications the morning of your surgery. If you are instructed to take them, you must only take the medication with a sip of water.

In addition, all over-the-counter medications including anti-inflammatories, vitamins, and herbal supplements such as Vitamin E, fish oils and CoQ10 should be **discontinued at least 7 days prior to surgery** as they can increase risk of bleeding.

Examples of anti-inflammatories that need to be discontinued at least 7 days before surgery:

Aleve/Naproxen
Ibuprofen/Advil/Motrin
Celebrex/Celecoxib
Mobic/Meloxicam
Voltaren/Diclofenac
Relafen/Nabumetone

Coumadin or other anticoagulation medications

If you take aspirin or anticoagulants (Coumadin/Warfarin, Plavix, Xarelto, etc.) you must **consult your medical doctor or cardiologist** for instructions on holding anticoagulants prior to surgery, and for how long to hold it.

It is important to have a specific plan from your doctor, as the timeframe to stop or hold these medications can be unique to each patient's medical condition.

You may discuss these medications at your pre-operative history and physical visit.

Diabetics

If you have diabetes, please get advice from your medical doctor on how to manage your diabetes medications/insulin prior to and immediately after surgery.

Through your medical doctor, you will have a hemoglobin A1C blood test within 90 days of surgery.

Illness prior to surgery

The week before your surgery, please notify the nurse at 630-513-2635 if you feel cold symptoms, flu, fever, skin rash, placed on antibiotics, etc. or if you are having any type of dental procedure the week of your surgery. Illness not properly addressed could lead to a cancelled surgery.

Smoking

Patients who smoke are at a greater risk for serious complications after surgery than non-smokers. These complications can include wound infections, pneumonia, heart attack, and stroke. Smoking can also slow down or prevent broken bones from healing, and can delay the bone healing needed for successful joint replacement and fusion surgeries.

To improve your chances for a successful surgical outcome, stop smoking for at least a month before surgery. Try not to resume smoking for several weeks afterward, or not at all.

No driving home

Following your surgery, **you will not be able to drive home.** The effects of all types of **anesthesia last up to 24 hours**, impairing your ability to drive.

You must arrange for a responsible adult to drive you home. Limousine and taxi cabs are not an acceptable means of transportation home from our facility.

If your responsible driver must leave the Fox Valley Orthopedics Surgery Center during your surgery,, please leave us a telephone number where he/she can be contacted and available to join you afterwards at our facility. **We request that this individual join you after your surgery to receive instructions for your home care since your memory is sometimes impaired after anesthesia.**

If you have not made transportation plans, your surgery will be cancelled and rescheduled.

The only exception is if you are having your **surgery/procedure done under local anesthetic** (no sedating anesthesia). In this case, you would be allowed to drive yourself to/from your surgery if you prefer. You will be asked to sign a waiver at the surgery center.

Total Knee and Total Hip Replacement Patients

You will attend a pre-surgical class with one of the pre-operative nurses at the Fox Valley Orthopedics Surgery Center. You will receive a phone call to schedule this appointment. If you need to reach the pre-operative nurse, please call direct line 630-524-0161

At this class, you will:

- Have a MRSA bacteria test completed. This test involves a swab from your nose to determine if you carry this particular bacteria.
- Have a chest x-ray as part of your pre-operative workup
- Have the opportunity to ask the nurse questions

Any required laboratory work will be done through your medical doctor/healthcare provider doing your history and physical. A detailed "preoperative guidelines" list will be faxed to your doctor

Diagnostic & lab requirements for total knee and hip joint replacements:

- Chest x-ray (within 1 year of surgery)
- EKG (within 6 months of surgery)
- CBC with differential
- CMP
- PT/PTT
- Urine analysis with reflex
- MRSA nasal swab

*Your medical doctor may order additional studies. The above list details the minimum requirements