

Pre-Surgery Form: Working Together To Maximise Your Recovery

Risk and Healthier Outcomes Checklist and Consent

Our staff wants to work with you to reduce your risks for surgery complications, while increasing your potential for maximum recovery. In helping us do this, kindly check the boxes that apply to you and give information as requested.

PHYSICAL RISKS	Yes	Requested information	Not Applicable
Currently taking medication, including aspirin and birth control pills (kindly list)			
Currently taking vitamin or homeopathic supplements (note that excess zinc can lead to anaemia)			
Current caffeine daily (indicate average coffee, cola, tea, chocolate per day)			
Inflammatory Arthritis			
Vascular Disease			
History of blood clots or stroke (give dates)			
Diabetes (Indicate Type I or II)			
Excess body weight (by how much?)			
Daily tobacco smoker (indicate average number of cigarettes, pipes or cigars per day)			
Marijuana use (indicate frequency)			
Alcohol intake (indicate frequency)			
Travel often by aeroplane (noting that flying increases risks of venous thrombosis 3 months after surgery)			
Over 60 years of age			

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HEALTHIER OUTCOMES: Patients who make better recoveries often check YES to those factors listed below.

Our staff can assist you by referring you to outside agencies for social support, and by responding to post-surgery concerns (such as wound care and stiffness). Your commitment to your own physical and social care will make a difference.

INCREASING HEALTHY OUTCOMES	Yes	If no, how will you do this?
AWARE THAT THE CRITICAL RECOVERY PERIOD REQUIRES SUPPORT, REST AND CARE		
History of daily exercise routine prior to injury/pain (indicate usual activities)		
Have made note of only participating in low-impact exercise after surgery or as advised		
Maintaining daily intake of fresh vegetables, fruit, low fat sources of protein, water, etc.		
Organising home assistance for daily-living needs: <ul style="list-style-type: none"> <input type="checkbox"/> Cooking <input type="checkbox"/> Bathing <input type="checkbox"/> Laundry <input type="checkbox"/> House cleaning <input type="checkbox"/> Yard maintenance <input type="checkbox"/> Shopping/Posting/bills <input type="checkbox"/> Child assistance <input type="checkbox"/> Animal care Other needs?		List other needs
Organising economic needs		
No substances before surgery as advised: <ul style="list-style-type: none"> <input type="checkbox"/> tobacco <input type="checkbox"/> alcohol <input type="checkbox"/> caffeine 		Indicate usual daily intake: Tobacco _____ Alcohol _____ Caffeine _____
Organising activities post-surgery to reduce boredom and depression (DVDs, CDs, books, puzzles, magazines, board games, taking up knitting or a new hobby)		
Other:		