

MRN: \_\_\_\_\_

Date of surgery \_\_\_\_\_

Contact Date: \_\_\_\_\_

**Pre-Operative Risk Assessment**

***The Bone & Joint Center***

**Patient:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Surgeon:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Risk:** \_\_\_\_\_ **Criteria:** \_\_\_\_\_ **Results:** \_\_\_\_\_ **Treatment/comments:** \_\_\_\_\_

**BMI:** \_\_\_\_\_ **> 40 MD approval / < 18 order pre-albumin** \_\_\_\_\_

**HgbA1C** **> 7.5 – No Surgery** \_\_\_\_\_

**DEXA Scan:** yes / no **> 60 years old** Date: \_\_\_\_\_

**Cardiac Hx:** yes / no Referral to Cardiologist: yes / no Scheduled: \_\_\_\_\_

**Smoking:** yes / no Education provided: yes / no Referral CHI tobacco: yes / no

Hgb: **< 10 – No Surg.** / 10-13 \_\_\_\_\_

Albumin: **< 3.4** / 3.5-5.5 \_\_\_\_\_

Creatinine: **> 1.0** / \_\_\_\_\_

MRSA: yes / no \_\_\_\_\_

ETOH: yes / no frequency: \_\_\_\_\_

Narcotics: \_\_\_\_\_

Anesthesia: yes / no Nausea / \_\_\_\_\_ Scopolamine Patch: \_\_\_\_\_

Confusion: yes / no Functional Assessment:

Coach: \_\_\_\_\_ HOOS / KOOS: \_\_\_\_\_

Dental Exam: \_\_\_\_\_ Promise: \_\_\_\_\_

Insurance: **CJR** / \_\_\_\_\_ NOI / BDI: \_\_\_\_\_

Zip code: \_\_\_\_\_ Wellbe enrolled: Yes / No Date: \_\_\_\_\_

PMHX: \_\_\_\_\_

Signature: \_\_\_\_\_ Date/time: \_\_\_\_\_

Print Name \_\_\_\_\_