

**Center of Excellence MEDICAL REQUEST
For Total Joint Surgery**

Patient Name	
Date of Birth	

Please have your family doctor/primary care physician complete a medical narrative.

The narrative should include:

- Summary of your medical history, including relevant labs, testing and past hospitalization for each problem
- Previous surgeries
- Any problems with previous anesthetics
- Current medications and dosages
- Allergies and types of reactions
- Activity /Exercise (using DASI – see attached)

The narrative should also include:

- Information on cardiac risk stratification including electrocardiogram (ECG) tracings if available or applicable
- Recent labs – indicated below
- Other necessary preoperative testing
- Perioperative medical management concerns

Please fax documents

Attn: Amy Wolfgang, Patient Navigator

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Testing

Please check off tests that are completed within the last 3 months and available for review:

- Urinalysis with Reflex Culture**
- Basic metabolic panel (BMP)**
- Albumin**
- CBC with platelets**
 - If hemoglobin ≤ 12 g/dL please order:
 - iron studies (iron, ferritin, transferrin [TSAT])
 - TSH
 - Vitamin B12
- HIV Screen**
- Hepatitis C Screen**
- HgA1c**
 - Indicated for diabetics or pre-diabetics
 - If previous HgA1c >7.5 within last 3 months: re-order HgA1c
 - If previous HgA1c <7.5 within last 3 months: no need to re-order HgA1c
 - In non-diabetics, need HgA1c if glucose values ≥ 120 g/dL on previous occasions (even non-fasting)

QUESTIONNAIRES

SLEEP APNEA QUESTIONNAIRE

Question	Choose One	
Do you SNORE loudly (louder than talking or loud enough to be heard through closed doors)?	YES	NO
Do you often feel TIRED , fatigued, or sleepy during the daytime?	YES	NO
Has anyone OBSERVED you stop breathing during your sleep?	YES	NO
Do you have or are you being treated for high blood PRESSURE ?	YES	NO

POST-OP NAUSEA AND VOMITING QUESTIONNAIRE

Question	Choose One	
Are you female?	YES	NO
Are you a non-smoker?	YES	NO
Do you have a history of motion sickness or nausea after anesthesia?	YES	NO

DASI QUESTIONNAIRE

Please select the activities which you have done in the last 2 weeks:

Question	Choose One	
1. Take care of yourself, that is, eat, dress, bathe or use the toilet?	YES	NO
2. Walk indoors, such as around your house?	YES	NO
3. Walk 200 yards on level ground?	YES	NO
4. Climb a flight of stairs or walk up a hill?	YES	NO
5. Run a short distance?	YES	NO
6. Do light work around the house like dusting or washing dishes?	YES	NO
7. Do moderate work around the house like vacuuming, sweeping floors, or carrying groceries?	YES	NO

8. Do heavy work around the house like scrubbing floors or lifting or moving heavy furniture?	YES	NO
9. Do yard work like raking leaves, weeding or pushing a power mower?	YES	NO
10. Have sexual relations?	YES	NO
11. Participate in moderate recreational activities like golf, bowling, dancing, doubles tennis, or throwing a ball?	YES	NO
12. Participate in strenuous sports like swimming, singles tennis, football, basketball, or skiing?	YES	NO