

Questionnaire for Joint Replacement Orthopedic Patients Getting on the Right Track!

You will need to plan on at least a 2 overnight stay in the hospital, and then have arrangements for home or another setting when your physician clears you for discharge.

When you go home, you will need to have someone with you for at least the first 24-48 hours to help you get from the hospital to your home, and assure your safety at home while you settle in and that you are performing your activities safely. This will be your “coach”.

Name your “Active caregiver”: _____ Relation: _____
(This can be a trusted friend, spouse, family member, caregiver/aide, etc. but they should be able to drive you home safely and pick you up prior to 11am on the 3rd day of your stay. They should also be present prior to your discharge for a special discharge training and safety session.)

Please leave a phone number in which we can contact your “active caregiver” to inform them of your progress and the time of your scheduled training session for day of your discharge: (____) _____

In the event that unforeseen circumstances arise, and **you are unable to go home**, please prepare and choose the names of 3 rehab facilities to discharge to:

1. _____
2. _____
3. _____

Walgreens “Bedside” Medication delivery service

Please check one of the choices below.

Yes! I would like to use Walgreens “Bedside Delivery” service here at Holy Cross Hospital and receive my medications for discharge prior to leaving.

No. I prefer to make my own arrangements to receive medications after I discharge from the hospital.

Patient signature: _____ Date: _____

Printed: _____ Date of Surgery: _____

Thank you for choosing

