NHS
Highland

PRE-OPERATIVE SELF ASSESSMENT AHP (ALLIED HEALTH PROFESSIONALS) FORM

Please fill out the form below and return to: Nhsh.ahpntc@nhs.scot or NTC-H, Inverness Campus, Inverness, IV2 5NA or OT Department, Raigmore Hospital, Old Perth Road, Inverness, IV2 3UJ
There is space at the end to add any additional comments you feel may be relevant.

Name			
CHI			
Address			
Phone Number			
E-mail address			
Proposed surgery and date (if known)	Total Hip Replacement	Total Knee Replacement	Half-Knee Replacement

HOME SITUATION					
Type of accommodation	House	Flat	Bungalow	Sheltered	Other
Access to accommodation	Level	Steps	Stairs	Ramp	Other
Grab rail/handrails	Yes	On the left	On the right	No rail	
Internal Stairs	Yes		No		
Handrail/Bannister	Yes	On the left	On the right	No banister	
Bedroom	Entry Level		Upstairs		Both
Toilet	Entry Level		Upstairs		Both
Shower/Bath	Entry Level		Upstairs		Both
	Walk in Shower		Over Bath		Bath
Do you live	With someone	Dependents		Alone	
If you live alone, will someone be staying with you after your operation?				Yes	No
If no, what are your plans for managing at home?					

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MOBILITY				
Are you able to walk				
Without an aid	With an aid (only required for outdoors)	With an aid (only required for indoors)	With an aid (for indoors and outdoors)	Unable to walk/transfers only
If you use a walking aid, please give details:				
Do you require physical assistance when you walk?			Yes	No
If yes, please give details:				
How far are you able to walk?				
Unlimited	More than 1 mile	Less than 1 mile	Indoors only	Transfers only

STAIRS/STEPS					
Are you able to safely go up and down:					
	Yes without rail	Yes with a rail	Yes with an aid	Yes with physical assistance	Unable
Single Step					
Stairs					

TRANSFERS How are you managing to get on and off these items					
	Independent	Independent (using arms/pushing up on something)	With physical assistance (please give details)	Requires aid/equipment (please give details)	Details (if struggling, please state)
Bed					
Chair					
Toilet					
Bath/Shower					

SELF-CARE/PERSONAL ACTIVITIES				
If you currently have support with these activities (including using aids/equipment) please give details				
	Independent	With aid/equipment	With physical assistance	Details (if struggling, please state)
Washing				
Dressing				
Socks and Shoes				
Cooking				
Shopping				
Laundry/Housework				

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DO YOU CURRENTLY HAVE ANY OF THE FOLLOWING			
	Yes	No	Details
Package of Care			
Call Bell			
Telecare			
Any other services			

FALLS (provide details if yes)		
	YES	NO
Have you had 1 or more falls in the past 6 months?		
If you have had a fall, are you less able to do the things you used to do before your fall?		
Have you had an unexplained fall or a fall as a result of losing consciousness dizziness?		
Do you or your relative/carer worry you might have a fall?		
Do you feel unsteady or have difficulties with walking or balance?		

OTHER	
Do you currently use any other aids/equipment to help you during your daily activities?	
Do you currently work?	
Do you drive?	

ADDITIONAL COMMENTS
Please use this space to add any additional information that you feel is relevant

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MEASUREMENTS		
Some patients may require toilet equipment after their operation so please provide the following measurements:		
Calf Length Measurement (cm/in) ***		
Height (feet/cm)		
Weight (lbs/stone/kg)		
Toilet Height (measure from top of the toilet bowl to the floor-not including the toilet seat) cm/in		
Please indicate if you are happy for us to order any equipment we feel you may need	**Yes**	**No**

***** To provide a calf length measurement**

Wear flat shoes

Sit on a chair with your knee at a right angle

Measure from the back of your knee to the floor

SMALL DRESSING AIDS/EQUIPMENT
If you are struggling with washing/dressing (putting socks and shoes on etc) you may find it useful to purchase some small dressing aids such as a long shoe-horn, grabber or sock aid. These are available online or in some chemists.

For office use only: **Screened by:** **Date:**	
Further input required	**YES/NO**
If yes, please give details:	

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