



Occupational Therapy Department, Milton Keynes Hospital,
Standing Way, Eaglestone, Milton Keynes, MK6 5LD
Tel: 01908 995411

Surname: _____
 First Name: _____
 D.O.B: _____
 MRN No: _____
 Or affix patient label

**OCCUPATIONAL THERAPY DEPARTMENT
PRE-OP HOME QUESTIONNAIRE**

Patient Name:..... Height:

Telephone Number:.....

**Please help us by completing the following questions:
 (This will help us to identify any equipment needs that may aid your recovery)**

Is your registered GP in Milton Keynes? Yes No Please state if not.....
 Are you currently struggling to get on or off your bed, chair or toilet? Yes No
 Please explain.....
 Do you have altered muscle tone which you believe will affect your recovery? Yes No
 Do you have a diagnosis of Parkinson's or MS? Yes No
 Do you have a diagnosis of Dementia or Cognitive Impairment? Yes No
 Have you previously had Lumbar Spinal Fusion Surgery? Yes No
 Do you believe your bed, chair or toilet is particularly low and could affect your recovery?
 Yes No

What type of property do you live in?
 House Bungalow Flat – level G / 1 / 2 / 3 Other

Support at Home?
 Do you live alone? Yes No If no, with whom?

Do you have any support from family/friends? Yes No
 If yes, from whom?

Do you have carers? Yes No If yes, how many times a day?

TOILET
 How many toilets do you have?

Do you have any of the following? Please tick **all** that apply

Additional Raised Toilet Seat Toilet Frame Commodes (static / wheeled)
 What size is it? (2" / 4" / 6")

Grab Rails(s) next to toilet? When seated, are the rails on the left or right?

Does the soil pipe go out to the rear or side of the toilet?

Height of the toilet:from floor to top of porcelain bowl or raised toilet seat (if you have one). Please note that there are many different heights of toilet.

BATHROOM

Do you use the following? Please tick all that apply

- Bath Bath Board Shower Cubicle Shower over bath
 Wet Room Stool/Perching Stool Sink (stripwash)

BED

What type of bed do you use?

- Single Double (4'6") Queen size (5') King size (6') Electric Futon

Does it have legs / castors / feet? (*please circle*). Has the bed been fitted with raisers?

Width / depth / height of legs / castors / feet?

How many legs/caster/feet does it have?

Height of bed with someone sitting on the mattress

CHAIR

What type of chair do you normally sit in? Please choose preferred seating option you have at home - *select one only*.

- Armchair Settee – 2 seat, 3 seat, corner Fireside Chair Recliner Chair
 Riser/Recliner Chair Dining Chair Patio Chair Other

Does it have legs / castors / feet? (*please circle*). Has the chair been fitted with raisers?

How many legs/caster/feet does it have?

Width / depth / height of legs / castors / feet?

Height of seat with someone sitting on the seat

ALTERNATIVE FURNITURE

Do you have an alternative bed or chair that could be used if your normal furniture is unsuitable? If so, please describe and measure the heights:

HEEL-KNEE LENGTH

Please measure from the crease at the back of your knee to the floor while you are sitting in a chair, with your knee at 90° (right angle).....

Please return this form as soon as possible to:
 Orthopedic Occupational Therapy Team
 Occupational Therapy Department
 Milton Keynes Hospital, Standing Way, Eaglestone
 Milton Keynes, MK6 SLD
 Tel: 01908 995 411

If you have been given a date for your operation, please write it here: