

### **Joint Replacement History**

- 1) Do you or any immediate family members have a history of deep vein thrombosis (blood clots) or pulmonary embolism (blood clots going to the lungs)?
- 2) Do you have any history of sleep apnea? If so, do you presently use a sleep apnea machine?
- 3) Have you or any immediate family members had any problems with profuse bleeding or soft tissue bruising with minimal trauma?
- 4) Do you or any of your family members have any bleeding disorders?
- 5) Do you presently take any herbal medications? If so, please list them. For example, Ginko Biloba or Saint John's Wort.
- 6) Have you been taking narcotics for your joint pain or for other reasons for more than six weeks?
- 7) Do you feel that you are constipated? Do you have a bowel movement everyday? If not, what is your frequency of bowel movements?
- 8) Do you have a history of anemia? If so, how was it treated?
- 9) Do you have a history of MRSA infection?
- 10) Have you been hospitalized or treated for infections in the past year?
- 11) Do you have diabetes? If so, is it well-controlled?
- 12) If you take hypertensive medications, have your blood pressure medications been changed in the past three months?
- 13) Do you have a history of Hepatitis C? If so, are you presently under treatment?

### **Joint Replacement History Continued**

- 14) Do you have a history of a positive HIV status? If so, are you presently under treatment?
- 15) Do you have a history of metal allergies?
- 16) Do you have a history of any problems with your kidneys?
- 17) Do you have a latex allergy?
- 18) Do you have a penicillin or sulfa allergy?
- 19) Do you have a pacemaker or internal defibrillator?
- 20) Do you have any liver problems?