

## Questions To Ask

This form is intended for patients to print out and bring to their doctor's appointments. These questions address some issues that may be discussed *during the course* of the patient's treatment and may be helpful for patients to refer to once they return home.

1. What is the name of my condition?

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2. What caused the condition?

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3. Will I keep having this problem?

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4. How can I stop the condition from occurring again?

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5. Will I need to have lab or other diagnostic tests? \_\_\_\_ Yes \_\_\_\_ No

Which ones? \_\_\_\_\_

6. How soon will I get the results? Will someone call me with the results or do I need to call the office?

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7. Do I need to have surgery immediately? What would happen if I would wait six months? One year?

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8. If I need surgery, what complications may occur with this kind of surgery?

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9. How many surgeries of this type have you done? \_\_\_\_\_

10. Should I take any medications? \_\_\_\_ Yes \_\_\_\_ No

Which ones? \_\_\_\_\_

11. What will the medication do?

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12. How often should I take the medication? ☐ Morning ☐ Noon ☐ Night  
☐ Times/Day ☐ Times/Week With food? ☐ Yes ☐ No ☐ Not Necessary

13. Are there side effects?

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14. Are there any foods or other drugs that I should not take while on this medication?

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15. Can I drive a car while taking this medication? ☐ Yes ☐ No

16. Do I need to limit any activities? ☐ Yes ☐ No

How and which ones? 

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17. Is there anything I can do to improve my bone quality or overall health?

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*The following questions are related to surgical treatment and will likely be addressed by your physician prior to surgery if surgery is needed.*

1. What is the expected recovery time?

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2. How many days will I be in the hospital after surgery? 

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3. Will I have physical therapy? ☐ Yes ☐ No

How long? 

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4. Will I need full-time or part-time care? ☐ No ☐ Full Time ☐ Part Time

For how long? 

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5. Will I need a hospital bed at home? ☐ Yes ☐ No

6. When can I lie on operative side?

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7. How soon will I be able to walk after surgery?

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8. Will I need crutches or a walker?    \_\_\_\_\_ Crutches    \_\_\_\_\_ Walker

For how long? \_\_\_\_\_

9. How soon will I be able to climb stairs after surgery?

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10. How soon will I be able to drive a car after surgery?

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11. When can I shower after surgery?

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12. How soon will I be able to resume normal lifestyle activities besides walking (i.e., work, sports, housework, gardening, etc.)?

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13. Which sports may I participate in?

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14. What are lifting limits?

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15. When is sexual intercourse feasible after surgery?

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16. Will I set off the detectors at the airport? \_\_\_\_\_ Yes    \_\_\_\_\_ No

17. Will I need antibiotics for dental care? \_\_\_\_\_ Yes    \_\_\_\_\_ No

18. What is the implant made of?

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19. In your estimate, how long will my joint replacement last?

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20. What can I do to help keep my joint replacement functioning as long as possible?

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21. What activities or other factors could make my joint replacement wear out more quickly, and what can I do to avoid them?

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