



For CIHI use only

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Unique Identifier

Addressograph

CANADIAN JOINT REPLACEMENT REGISTRY

Hip Replacement Data Collection Form

Hospital Name _____

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Surgeon First Name

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Surgeon Last Name

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Patient First Name

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Patient Last Name

Gender Male Female

Provincial Health Card Number

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Province Code

Birthdate

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Y Y Y Y M M M D D

Home Postal Code

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e.g. 2012 APR 05

Hospital Chart Number

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Surgery Date

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Y Y Y Y M M M D D

Please Complete This Form by Checking (✓) the Appropriate Box(es)

Side (Location)	Unilateral: <input type="checkbox"/> Left <input type="checkbox"/> Right	If bilateral, complete ONE form PER SIDE Bilateral: <input type="checkbox"/> Left <input type="checkbox"/> Right
Type of Replacement	Check ONE only <input type="checkbox"/> Primary <input type="checkbox"/> Revision	
Type of Primary Procedure	Check ONE only <input type="checkbox"/> Total hip arthroplasty <input type="checkbox"/> Monopolar/unipolar hemiarthroplasty <input type="checkbox"/> Other <input type="checkbox"/> Resurfacing <input type="checkbox"/> Bipolar hemiarthroplasty	
Diagnosis Grouping (for Primary Procedure Only)	Check MOST RESPONSIBLE diagnosis for involved hip (check ONE only) <input type="checkbox"/> Degenerative arthritis (e.g. OA) <input type="checkbox"/> Old hip fracture (e.g. non-union, hardware failure) <input type="checkbox"/> Inflammatory arthritis (e.g. RA, AS, SLE) <input type="checkbox"/> Infection <input type="checkbox"/> Osteonecrosis (e.g. AVN) <input type="checkbox"/> Tumour (primary and metastatic, including synovial) <input type="checkbox"/> Acute hip fracture (femur) <input type="checkbox"/> Other <input type="checkbox"/> Childhood hip problem (e.g. hip dysplasia)	
Reason for Revision (for Revision Procedure Only)	Check MOST RESPONSIBLE reason for revision to involved hip (check ONE only) <input type="checkbox"/> Aseptic loosening <input type="checkbox"/> Pain of unknown origin <input type="checkbox"/> Bearing wear (e.g. poly wear) <input type="checkbox"/> Peri-prosthetic fracture, femur <input type="checkbox"/> Osteolysis (including reaction to metal debris/pseudotumour) <input type="checkbox"/> Peri-prosthetic fracture, acetabulum <input type="checkbox"/> Instability (e.g. dislocation) <input type="checkbox"/> Implant fracture (any component) <input type="checkbox"/> Infection—single-stage revision <input type="checkbox"/> Implant dissociation (e.g. head from trunion) <input type="checkbox"/> Infection—stage 1 of two-stage revision <input type="checkbox"/> Acetabular erosion (e.g. hemiarthroplasty) <input type="checkbox"/> Infection—stage 2 of two-stage revision <input type="checkbox"/> Leg length discrepancy <input type="checkbox"/> Stiffness <input type="checkbox"/> Other	

Sticker(s) for Femoral Component (including Modular Body/Stem/Neck Combinations)

Sticker(s) for Femoral Head (including Monopolar or Bipolar Head for Hemiarthroplasties)

Sticker(s) for Acetabular Component

Sticker(s) for Acetabular Insert/Liner

Sticker(s) for Cement

DO NOT FAX OR MAIL FORMS. Contact CJRR at cjrr@cihi.ca or 416-481-2002.