

PROSTHETIC PATIENT INFORMATION SHEET

NAME: _____
(first) *(last)*

How were you referred to us? _____
Height: _____ Weight: _____ How long have you been this weight? _____
How much does your weight fluctuate? _____ Weight before amputation: _____
Weight goal: _____
General health before amputation was: (poor) (fair) (good) (excellent)
Level of amputation: _____ Approximate length from last joint: _____

If there was an accident/injury, what was the date? _____
Were there any other injuries to your body? (please explain) _____

Date of your surgery: _____ Where performed: _____
Surgeon's name: _____
Dates, reasons, and surgeon's name for revision surgeries: _____

Were you satisfied with the results of the amputation surgery? _____
If not, please briefly explain: _____

Are you presently seeing a physical therapist? _____
If so, name and phone: _____

Please list any other physical or mental conditions that may be important for us to know: _____

Were you active in sports and recreational activities prior to your amputation? _____
If yes, please describe: _____

Describe the job(s) you were employed in prior to your amputation: _____

Please describe your present prosthesis (type of foot, belt, etc.): _____

Where was it made? _____ How long have you had it? _____
How many prostheses have you had prior to your present one? _____

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Please check all that apply to you that indicate how you use your prosthesis:

- Functional reasons – daily activities
- Cosmetic – appearance only
- For my profession, which is: _____
- For leisure or recreational activities, which are: _____
- In competitive sports, which are: _____

Do you feel that the prosthesis you are presently using is adequate with regard to (answer yes or no, and briefly explain if necessary):

- Comfort: _____
- Mobility: _____
- Stability: _____
- Sports/Recreational activity: _____
- Cosmesis (appearance): _____

How many hours per day do you wear your prosthesis? _____ Do you experience discomfort with wearing your prosthesis after several hours or with specific activities? (Please explain): _____

Please describe how you walk, and whether you use an assistive device such as a cane, crutches, walker, etc.: _____

Are there any activities that you would like to do that you are unable to do now? (Please explain): _____

Why do you feel that you are unable to do the activities listed in the previous question? _____

Are you presently employed? Please briefly describe what your job entails, especially with regard to walking, lifting, climbing, carrying, sitting, etc.: _____

If you are not working, do you wish to return to active employment? _____

Your general health is now: (poor) (fair) (good) (excellent)

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Please describe any problems or complaints you presently have, and the reason(s) for the problems: _____

Are you presently taking any medication? _____

When was the last time you saw your physician? _____

Do you have a prescription for a new prosthesis? _____

Signature: _____

If patient is a minor, signature of parent/guardian: _____

Date: _____