PROSTHETIC EVAL

INTAKE FORM

Patient _____ **Age:** ____ **Weight:** _____ **Height:** **ft** **in.**

Race: __White __ Black __ Latino __ Asian __ Other:_____

Level of Amputation: __ Partial Foot __ Symes __ Below knee __ Above knee __ Hip

__ Below Elbow __ Above Elbow

Status: __ New Amputee __ Existing Amputee

Date of Last Physicians Visit? MM / DD / YYYY

Motivation to Use prosthesis: __ Very Motivated __ Somewhat Motivated __ Not looking forward to it

Balance: __ Normal __ Impaired __ Don't know **Sensation:** __ Normal __ Impaired __ Don't know

General Physical Condition: __ Poor __Fair __ Good __ Excellent

Cognition: __ Normal __ Impaired __ Not Sure

Standing Stability With Prosthesis: __ Stable __ Marginal __ Unstable __ N/A (New Amputee)

Standing Stability Without Prosthesis: __ Stable __Marginal __ Unstable __ Not Sure

Living Status: __ Alone or without assistance __ Home with assistance Who? _____

__ Long Term Facility __ Other: _____

Environmental Barriers: __ Stairs __ Uneven __ Terrain __ Loose Grave __ Sloped Driveway

Other Environmental concerns when using a prosthesis: _____

- OBJECTIVE / INFO / THERAPY -

Attending Physical Therapy? __ No ___ Yes

If Yes, Location of therapy: _____ Therapist: _____

Frequency of therapy: ___ Days a week Length of Time: ___ Weeks __ Months

Reason for Therapy? __ Pre-Prosthetic Training __ Post Prosthetic Training __ Other: _____

Attending Occupational Therapy? __ No ___ Yes

If Yes, Location of therapy: _____ Therapist: _____

Frequency of therapy: ___ Days a week Length of Time: ___ Weeks __ Months

Reason for Therapy? __ Pre-Prosthetic Training __ Post Prosthetic Training __ Other: _____

- OBJECTIVE / INFO / ACTIVITIES -

Highest Level of Education: __ GED __ High School __ Associates __ Bachelors __ Masters __ PhD __ MD

__ Other, Describe: _____

Job Status: __ Currently Unemployed __ Retired __ Disability

__ If Employed, Job Description: _____

How has as employment status or job activities been affected by loss of limb?

_____

_____

_____

How has your daily and recreational activities been affected by loss of limb?

_____

_____

_____

New Amputees:

Current Mobility Status: __ Using Crutches __ Using Walker __ Using Wheelchair __ Transfer Only

List the activities that you performed prior to amputation that you want to get back to doing after receiving your prosthesis.

_____

_____

_____

Current Prosthetic Users:

Mobility Aid use with current prosthesis: __ None __ Cane __ 4 Prong Cane __ Forearm Crutches __ Walker

What are your limitations with your current prosthesis?

_____

_____

_____

Activities that you participate in:

__ Walking __ Cooking __ Shopping __ Laundry __ Grocery Shopping __ Biking
__ Yard Work __ Gardening __ Farming __ Hiking __ Jogging __ Basketball
__ Hunting __ Fishing __ Swimming __ Golf
__ Other: _____

- OBJECTIVE / HISTORY / AMPUTATION -

Amputation Side: __ Right __Left __Bilateral **Date of Amputation:** MM/DD/YYYY

Surgeon: _____ **Hospital:** _____

C**ause of Amputation:** __ Trauma __ Tumor __ Infection __ Dysvascular __ Congenital __ Other

Describe events leading to amputation: _____

_____

Type of Amputation: __ Don't know __ Traditional __Boyd ___Hip Disarticulation/trauma
__ Knee Disarticulation __ ERTL __ Myoplasty __ Myodesis ___Conventional

Upper Body Strength: Poor ___ Good ___ Excellent_____

Other Extremities Affected: __ Hand (R) __ Hand (L) __Arm (R) __Arm (L)
__ Foot (R) __ Foot (L) __ Leg (R) __ Leg (L)

Allergies: __ None __ Yes, I am allergic to: _____

Falls: ___ falls in the last 1 month. ___ falls in the last 6 months. ___ falls in the 12 year.

- OBJECTIVE / HISTORY / PREVIOUS PROSTHETIC USE -

__ **No prior prosthetic Use (**skip this section)

__ **I am a current prosthetic user.**

__ **I currently have a prosthesis that I cannot wear due to:** _____

Age of current prosthesis: _____ Years ____ Months

Prosthetic Use: _____ Hours per Day _____ Day a week

Sock ply worn with prosthesis: ____

Comfort level of current prosthesis: **Bad 1 2 4 5 6 7 8 9 10 Good**

Satisfaction level of current prosthesis: **Not at all 1 2 4 5 6 7 8 9 10 Very Satisfied**

Where was it made? _____

- GOALS -

Current prosthetic users, what improvements would you like to see in your new prosthesis? _____

_____

New Amputees, what are your goals that you would like to accomplish using prosthesis? _____

_____

I attest that all information is true. I have not been coerced or coached while completing this document.

Patient's Signature: _____ **Date:** _____