

Patient Name _____

Lower Limb Prosthetic History

Left Lower Extremity

Date of Amputation _____ **Surgeon** _____

Cause (please circle one) Diabetes Elective Congenital Cancer Trauma Vascular

Level (please circle one) Transtibial (below knee or BK) Transfemoral (above knee or AK)

Other _____

Right lower extremity

Date of Amputation _____ **Surgeon** _____

Cause (please circle one) Diabetes Elective Congenital Cancer Trauma Vascular

Level (please circle one) Transtibial (below knee or BK) Transfemoral (above knee or AK)

Other _____

Prosthetic history

Have you had a prosthesis before? _____ if no, please skip next 4 questions

If yes, when did you get it/them? _____

and where? _____ Prosthetist? _____

What kind of prosthesis? _____

What are the current problems with the prosthesis? _____

How much do you wear your prosthesis? _____

Prosthetic Goals

What are your goals? short term and long term? _____

Hobbies, vocational needs _____
