

Patient Name \_\_\_\_\_

## Prosthetic History

### Left

**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)  
Transradial (below elbow)  
Transhumeral (above elbow)  
Other \_\_\_\_\_

### Right

**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)  
Transradial (below elbow)  
Transhumeral (above elbow)  
Other \_\_\_\_\_

### Prosthetic history

Have you had a prosthesis before? \_\_\_\_\_

### Prosthetic Goals & Information

What are your goals? Short term and long term? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Hobbies, vocational needs \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What is your shoe size? \_\_\_\_\_

\*This page only for new amputees\*