ADVANCED
ORTHOTICS & PROSTHETICS

AMPUTATION HISTORY FORM

Name: _____ Height: _____ Weight: _____

New amputee: ☐ yes ☐ no
When is the last time you saw your family doctor or surgeon?:
Race of patient? ☐White ☐Asian ☐Black ☐Latino ☐Middle Eastern ☐Other_____
How is your general health? ☐Poor ☐Fair ☐Good ☐Excellent Average hours of sleep per night?

Employment	
☐Currently unemployed Reason for unemployment: ☐disabled ☐home maker ☐leave of absence ☐retired ☐student ☐N/A pediatric patient	
Current Employer:	Position:
Duties/responsibilities at work include:	
Job geography (check all that apply): ☐flat ☐steps (how many)_____ ☐uneven terrain ☐ramps or slopes	
☐Full time ☐Part time	Physical demands: ☐minimal ☐moderate ☐maximal
How does your current limb loss (new amputee) or the issues you're experiencing with your current prosthesis affect your job performance?	
Goals for future employment: ☐ N/A ☐undecided on work future at this time ☐return to part time ☐return to full time ☐continue to work full time without interruption ☐return to all previous employment activities	

ADLs/activities
Which activities did you complete on a regular basis prior to amputation (new amputee) or prior to having issues with your socket fit (check all that apply)? ☐Bathed ☐Cooked ☐Housework ☐Home Repairs ☐Pet Care ☐Cared for others ☐Gardened ☐Yard Work ☐Used Step Stool ☐Used Ladder ☐Carried Heavy Objects ☐Attended Church Services ☐Went to movies ☐Attended Concerts ☐Went Shopping ☐Danced ☐Drove a car ☐Drove a motorcycle ☐Used Public Transportation ☐Exercised ☐Provided Childcare ☐Participated in Sports
How are your daily activities affected by your limb loss/loss of socket fit?

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What other major surgeries have you had (hip/knee replacements, rotator cuff etc)?
Do you smoke? ☐No ☐Yes How much?_____
Number of falls in 3 months prior to amputation?
Injuries from falls include:
☐Did not seek Medical Attention ☐Required Medical Treatment ☐Required Hospitalization
Number of falls within the last 3 months?
Injuries from falls include:
☐Did not seek Medical Attention ☐Required Medical Treatment ☐Required Hospitalization

Living Arrangements
Prior to the amputation: ☐Home alone ☐Home with assistance Who? _____ ☐Long-term Care Facility: _____ ☐Other: _____
Geography? (check all that apply): ☐flat ☐steps (how many?____) ☐ basement ☐uneven terrain ☐slopes
What assistive device did you use before your amputation? ☐None ☐Cane ☐Walker ☐Crutches ☐Electric scooter ☐Wheelchair ☐Other_____
Current Living Arrangements: ☐Home alone ☐Home with assistance Who? _____ ☐Long-term Care Facility: _____ ☐Other: _____
Geography? (check all that apply): ☐flat ☐steps (how many?____) ☐basement ☐uneven terrain ☐slopes
Are you motivated to ambulate with a prosthesis? ☐Yes ☐No
If yes, why are you motivated to use a prosthesis?

Therapy	
Physical Therapist:	Company:
Where do you get therapy: ☐at home ☐Out-patient rehab center ☐Skilled Nursing Facility	
How many days per week are you getting PT?	
Occupational Therapist:	Company:
Where do you get therapy: ☐at home ☐Out-patient rehab center ☐Skilled Nursing Facility	
How many days per week are you getting OT?	

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History	
Date of amputation:	Cause of amputation:
Surgeon:	Hospital:
What was done to try to save your limb?	
How would you rate the **comfort** of your current socket? (please circle) N/A (extremely painful) ☹ 0 1 2 3 4 5 6 7 8 9 10 ☺ (comfortable no pain)	
What assistive devices do you currently use? ☐None ☐Cane ☐Walker ☐Crutches ☐Electric scooter ☐Wheelchair ☐Other	
On average how many hours per day are you wearing your prosthesis?	
On average how many days per week are you wearing your prosthesis? 0 1 2 3 4 5 6 7	
How many socks are you currently wearing? _____	Min worn during the day / Max worn during the day
Are you wearing a shrinker? ☐Yes ☐No	
Allergies:	
Medications:	
Medication side-effects? ☐Dizziness ☐Fatigue ☐Light-headedness ☐N/A	How is your upper body strength? ☐Poor ☐Fair ☐Normal

Health conditions - Check all that apply

☐Asthma
☐Back Pain
☐Buerger's Disease
☐Cerebral Palsy
☐Stroke
☐COPD
☐Congestive Heart Failure
☐Coronary Heart Disease
☐Coronary Artery Disease
☐Peripheral Neuropathy
☐Peripheral Artery Disease
☐Peripheral Vascular Disease
☐Osteoporosis
☐Renal Failure/Dialysis
☐Respiratory Failure
☐Diabetes Mellitus
☐Multiple Sclerosis
☐Muscular Dystrophy
☐Myocardial Infarction
☐Obesity
☐Osteoarthritis
☐Osteomyelitis
☐Parkinson's Disease
☐Shortness of Breath
☐Sciatica
☐Tuberculosis
☐Venous Insufficiency
☐Rheumatoid Arthritis