



PROSTHETIC PATIENT ASSESSMENT FORM

| PATIENT INFORMATION | | | | |
|---------------------|-----------|------|---------|---------|
| Patient Name: | | | | |
| Address: | | | | |
| Phone Number(s): | | | | |
| Personal Info: | Birthday: | Age: | Height: | Weight: |

| AMPUTATION INFORMATION | | | | |
|---------------------------|--|---|--|--|
| Amputation Location: | <input type="checkbox"/> Right side | <input type="checkbox"/> Left side | | |
| Amputation Location: | <input type="checkbox"/> Below knee | <input type="checkbox"/> Above knee | <input type="checkbox"/> Below elbow | <input type="checkbox"/> Above elbow |
| Date of Amputation: | | | | |
| Reason for Amputation: | | | | |
| Referring Physician: | | | | |
| Living Conditions: | <input type="checkbox"/> Home with no assistance | <input type="checkbox"/> Home with assistance | <input type="checkbox"/> Do not live at home | |
| Medical History: | <input type="checkbox"/> Heart | <input type="checkbox"/> Kidney | <input type="checkbox"/> Dialysis | <input type="checkbox"/> Frequent swelling |
| | <input type="checkbox"/> Stroke | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Circulatory | <input type="checkbox"/> Sound limb compromised (accident) |
| Other medical conditions: | | | | |

| PROSTHESIS INFORMATION |
|--|
| How old is your prosthesis? |
| Where was your prosthesis made? |
| Please rate your present prosthesis <input type="checkbox"/> Very good <input type="checkbox"/> Good <input type="checkbox"/> Average <input type="checkbox"/> Below average <input type="checkbox"/> Very bad |

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119 E Court Street
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121 Springfield Ave
Joliet, IL 60435
(815) 741-9700

Watseka
200 N. Laird Lane
Watseka, IL 60970
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18016 S Wolf Rd
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Evergreen Park
3900 W. 95th Street
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