

Amputee Rehabilitation Intake Form

Personal Information

Full Name

Date of Birth

Gender

Contact Number

Address

Medical Information

Diagnosis

Date of Amputation

Level of Amputation

Side

Cause of Amputation

Other Medical Conditions / Comorbidities

Prosthetic History

Previous Prosthesis Used

Current Prosthesis

Issues With Prosthesis

Functional Status

Current Mobility Status

Ability to Perform Activities of Daily Living

Patient Goals