PATIENT EVALUATION SUPPLEMENT

NAME _____ **HEIGHT/WEIGHT** _____

CONDITION/INJURY DESCRIPTION _____

INJURY/RELEVANT SURGERIES AND DATE(S) _____

COMORBIDITIES (CHECK ALL THAT APPLY):

- ☐ Asthma
- ☐ Back pain
- ☐ Buerger's Disease
- ☐ Cerebral Palsy
- ☐ Cerebrovascular Accident (Stroke)
- ☐ COPD
- ☐ Congestive Heart Failure
- ☐ Coronary Artery Disease
- ☐ Coronary Heart Disease
- ☐ Diabetes Mellitus
- ☐ Multiple Sclerosis
- ☐ Muscular Dystrophy
- ☐ Myocardial Infarction (Heart Attack)
- ☐ Obesity
- ☐ Osteoarthritis
- ☐ Osteomyelitis
- ☐ Osteoporosis
- ☐ Parkinson's Disease
- ☐ Peripheral Artery Disease
- ☐ Peripheral Vascular Disease
- ☐ Peripheral Neuropathy
- ☐ Renal Failure (Kidney Failure)
- ☐ Respiratory Failure
- ☐ Rheumatoid Arthritis
- ☐ Sciatica
- ☐ Shortness of breath
- ☐ Tuberculosis
- ☐ Vascular Disease (Heart Disease)
- ☐ Venous Insufficiency
- ☐ Other: _____

MEDICATIONS _____

WHAT MOBILITY/INDEPENDENCE GOALS WOULD YOU LIKE TO ACHIEVE WITH PROSTHETIC/ORTHOTIC TREATMENT?

_____

IDENTIFY ALL THAT IS TRUE TO HELP US IDENTIFY A PROPER TREATMENT PLAN:

STRENGTH/MOBILITY:

- ☐ Falls are an issue for me
- ☐ Near-falls are an issue for me
- ☐ I currently use a prosthesis or orthosis (brace)
- ☐ I have used a different prosthesis or orthosis in the past
- ☐ I currently use an assistive device (walker, cane, crutches, etc)
- ☐ I have used an assistive device in the past
- ☐ I currently attend physical therapy

WORK DETAILS:

- ☐ I am currently not working
- ☐ I work as _____
- ☐ My job requires use of stairs
- ☐ My job requires prolonged standing
- ☐ My job requires walking long distance or duration
- ☐ My job includes difficult walking conditions

LIVING SITUATION:

- ☐ I live alone
- ☐ I live with a spouse
- ☐ I care for children at home
- ☐ I must use stairs at home
- ☐ There are difficult walking conditions around my home

DIFFICULT WALKING CONDITIONS FOR ME INCLUDE:

- ☐ Uneven terrain
- ☐ Ascending stairs
- ☐ Descending stairs
- ☐ Ascending a hill/ramp
- ☐ Descending a hill/ramp
- ☐ Snow/ice
- ☐ (Other) _____

MY DAILY ACTIVITIES INCLUDE:

- ☐ Grocery shopping
- ☐ Preparing meals
- ☐ Cleaning my home
- ☐ Performing yardwork
- ☐ Walking the dog
- ☐ (Other) _____

MY HOBBIES/OTHER ACTIVITIES INCLUDE:

- ☐ Long walks
- ☐ Hiking
- ☐ Running
- ☐ Gardening
- ☐ (Other) _____

SAVE RESET PRINT EMAIL