INITIAL EVALUATION

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?

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?	

Education and Employment	
Highest level of education completed? ☐GED ☐HS ☐Some college ☐Associates ☐Bachelors ☐Masters ☐Other: ________	
☐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: ☐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	

optimus PROSTHETICS

History	
Date of amputation:	Cause of amputation:
Surgeon:	Hospital:
What was done to try and save your foot?	
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 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

ADL's/activities
Within 2 years Prior to your amputation what Recreational Activities/ADL's did you participate in? (check all that apply): ☐shopping ☐running ☐pet care ☐lawn care ☐house work ☐home repairs ☐hiking ☐gardening ☐exercise ☐driving ☐dancing ☐cooking ☐child care ☐bathing ☐bingo ☐attending church ☐caring for others ☐other
How does your current limb loss(new amputee) or the issues you're experiencing with current prosthesis affect your ability to complete your daily activities?
What recreational/daily activity goals do you have? 1) ______________________________ 2) ______________________________ 3) ______________________________
What other major surgeries have you had (hip/knee replacements, rotator cuff etc)?
Do you smoke? ☐No ☐Yes How much?____________

Optimus PROSTHETICS

Number of falls 3 months prior to amputation?
Injuries from falls include:
Number of falls within the last 3 months?
Injuries from falls include:

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_________
How long had you been using that assistive device prior to the amputation?
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
What assistive device do you currently use? ☐None ☐Cane ☐Walker ☐Crutches ☐Electric scooter ☐Wheelchair ☐Other_________
Do you use a powered wheelchair? ☐Yes ☐No If yes, what do you use it for? ____
Are you motivated to ambulate with a prosthesis? ☐Yes ☐No
If yes, why are you motivated to use a prosthesis?

Health conditions - Check all that apply

☐Asthma
☐Back Pain
☐Buerger's Disease
☐Cerebral Palsy
☐Stroke
☐COPD
☐Congestive Heart Failure
☐Coronary Heart Disease
☐Dialysis
☐Peripheral Neuropathy
☐Peripheral Artery Disease
☐Peripheral Vascular Disease
☐Osteoporosis
☐Renal Failure
☐Respiratory Failure
☐Diabetes Mellitus
☐Multiple Sclerosis
☐Muscular Dystrophy
☐Myocardial Infarction
☐Obesity
☐Osteoarthritis
☐Osteomyelitis
☐Parkinson's Disease