

Patient Evaluation Form (completed by patient)

Please complete the following questionnaire as it relates to your job, hobbies and tasks around your home. This will assist your healthcare team in documenting the necessary information to illustrate to your medical insurance provider your prosthetic requirements.

Vocation

Are you self-employed? Yes No

Name and address of the company you work for:

Avg hours worked/week? _____

Avg weeks worked/month? _____

Avg months worked/Yr? _____

- I. Please generally describe your primary place of work: (i.e. loading docks, professional office building, construction sites, etc.)

- IA. If you work in different pre-determined locations, please state the other addresses and provide a brief description:

- II. Please describe the type of environment you work in: (i.e. indoors climate controlled, outdoors in rain and temperatures between 32-99 F, etc.)

- III. Please list the types of surfaces you commonly work on or around: (i.e. dirt, fields, ice, carpet, wet surfaces, concrete, steps, ramps, etc.)

IV. Please list any equipment you are required to operate or work with pertinent to your prosthesis: (i.e. bulldozer, semi-truck, tow motor, etc.)

V. Please describe activities an "average" work week consists of: (i.e. lifting/pushing/dragging items and their weight and frequency, standing and time durations, walking and time durations, climb ladders/stairs/ramps and frequency, sit-stand to and from seated position and frequency, etc.)

VI. Please describe if your vocation requires you to work in a "confined" area or in crowds of people/boxes/animals etc. with minimal space to navigate : _____

VII. In your own words please describe your type of work, duties and responsibilities:

Home responsibilities

I. I live in a: (please circle all that apply)

- | | | | |
|---------------------|-----------------|--------------|----------------|
| House(1 story) | House(>1 story) | Modular Home | Apartment |
| Mobile home/trailer | Townhouse | RV | Houseboat/ship |
| Condo | Other: _____ | | |

IA. I own multiple properties (i.e. second home, vacation property, etc.). Yes No

Please list here description of primary residence:

II. My home(s) require(s) me to navigate: (circle all that apply)

- | | | | | |
|------------------------------|--------------------------------|-------------------------|--------------------------|----------|
| Concrete/smooth(i.e. garage) | Concrete /rough(i.e. driveway) | Pavement/roadway | | |
| Tile/ceramic/PVC | Hardwood | Linoleum | Rubber surfaced floors | |
| Carpet | Throw rugs | Boat dock | Gravel(driveway/walkway) | Elevator |
| Metal grating (stairs) | Steps (5 steps or less) | Stairs(6 or more steps) | Sand | |
| Ramp(s) | | | | |

III. I am the primary person responsible for the upkeep of my residence(s):

- Yes No

IV. Please describe the types of activities where you are the primary responsible party for the upkeep and maintenance of your dwelling(s): (i.e., clean out gutters that

requires a ladder, Seal outside logs on log home, paint interior and exterior, Seal roof and windows/doors on RV, etc.)

V. Major activities/tasks that I am primarily responsible for in addition to the upkeep of the dwelling: (i.e. care for livestock, bush hog pasture/field, mow grass [push mower or rider], weed and upkeep landscape, seal driveway, seal deck, repair bulkhead, wax boat deck, etc.)

VI. Minor tasks I am primarily responsible for around the home: (i.e. cooking, grocery shop, laundry, changing bed linens, mop floors, vacuum, etc.)

Hobbies

- I. Please list all sports you actively and regularly participate in: (i.e. racket ball, basketball, golf, tennis, snow ski [downhill/cross-country], competitive running, hunt, fish, etc.)

- IA. Please describe, if needed, in more detail the sport or hobby listed for a clear picture of the demands: (i.e. 5k or marathon running, big game hunting [mountains], water fowl hunting [around and in lakes, ponds], etc.)

- II. Please list the frequency and/or duration you train for or participate in the aforementioned sports:

- III. Do you have an exercise routine or program you follow? Yes No

- IIIA. Please describe your exercise program: (i.e. walk/jog/run distance and frequency, use of machines like treadmill, weight lifting, Yoga, Pilates, Zumba, etc.)

IV. Please describe any activities you participate in that are not directly related to your participation in sports/exercise program(s) that requires elevated activity? (i.e. volunteer or paid coaching, community involvement like Habitat for Humanity or soup kitchen, etc.)

V. Are you the primary care giver for your family? Yes No

a. If yes, please explain: (i.e., you care for a parent, you have young kids, etc.)

Prosthetic Self-evaluation

I. Have you used a prosthesis before: Yes No

IA. If no, please skip to VIII

IB. If yes, how long have you been using a prosthesis? _____

- In that time, approximately how many prostheses have you had? _____

II. Are you currently using a prosthesis? Yes No

IIA. If no please provide brief explanation why: _____

III. Is the current prosthesis meeting your needs today? Yes No

IIIA. If no, please provide a brief explanation why: (i.e. fit, function, weight, etc.)

IV. Age of current prosthetic: Socket _____ Foot _____

If applicable - Knee _____ Torque/shock absorber _____

Other: _____

V. Please list positive features of the current or any previous prosthesis: (i.e. shock absorption, torque absorption, Microprocessor control, means of suspension, etc.)

VI. Please list negative features of the current prosthesis: (list components that are broken or not functioning as designed, components not performing for your needs, inadequate suspension, etc.)

VII. Have your needs changed since the current prosthesis was delivered? Yes No

VIIA. If yes please explain: _____

VIII. Please describe any additional information you feel is necessary for the medical team to be aware of that may affect your lifestyle with choice of prosthetic components: _____

I attest the information provided here is accurate and true as of the date completed.

Signature

Date

Printed name