



SEOP

Choice

RPO

Patient Intake Form

Name: _____

Date: _____

Address: _____

City : _____ State: _____

Phone: _____

Zip: _____

Shoe Size: _____

Height: _____ Weight: _____ Date of Amputation: _____ Level & Side of Amputation: _____

Where was your present prosthesis made? _____

When was your prosthesis made? _____

Please rate your present prosthesis:

	Poor	Fair	Good	Very Good	Excellent
Overall Comfort	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Functionality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What would make your prosthesis better? (Check all that apply)

Better Fit	Different Foot	Different Knee	Different Suspension	Torque Absorption	Shock Absorption
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other: _____

How did you hear about the LLMT event? Google Facebook Instagram Radio Other, please explain

What do you hope to gain or change at this event?

Additional Questions or Comments?



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Clinical Evaluation Form

Date: _____

Name: _____ Phone #: _____

Prosthetist: _____ Practice Location: _____

LLMT Prosthetist: _____

AK BK Left Right Bi-lateral

Trials:

	Foot	Category	Size	PT Rating (1-10)
1	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
2	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
3	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

	Knee	PT Rating	Comment
1	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
2	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>
2	<input style="width: 100%; height: 30px;" type="text"/>	<input style="width: 30px; height: 30px;" type="text"/>	<input style="width: 100%; height: 30px;" type="text"/>

Additional Comments and Other Observations:

Clinical Evaluation Form

Name: _____

Assessment of Current Prosthesis

	Poor					Excellent	Comment / Notes
Alignment:	1	2	3	4	5		
Structural:	1	2	3	4	5		
Suspension:	1	2	3	4	5		
Height:	tall		short		good		
Other:	_____						

Socket Assessment

BELOW KNEE

Excessive Pressure Areas:

- Too Loose
 Too Tight

- Fib Head
 Ant Distal Tibia

- Condyle
 Tibia Tubercle
 Distal End
 Hamstrings

ABOVE KNEE

Excessive Pressure Areas:

- Too Loose
 Too Tight

- Distal Femur
 Adductor Longus
 IT
 Ramus
 Other

Recommendations:

- New Prosthesis New Socket New Foot New Knee

Type of Suspension

Socket Design

Other