

LIMB PROSTHESIS APPLICATION FORM

CLIENT INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH
ADDRESS	CITY, TOWN, VILLAGE	POSTAL CODE
HEALTH CARD NUMBER	PRIVATE INSURANCE COVERAGE?	
	Yes                      No	Amount of coverage :

PHYSICIAN

Physician		Signature	
Specialty/ Designation		Date	
Surgical level of amputation	Partial Foot                      Transtibial	Prescription	
Left              Right	Ankle disarticulation              Transfemoral		
Upper              Lower	Transradial                      Transhumeral		

SERVICE PROVIDER

Service provider	Service Provider Vendor Number	
Name of certified prosthetist	Fax Number	Email Address

LIMB PROSTHESIS REQUEST

Type of Request	Initial              Replacement	Date of assessment	Day	Month	Year
Primary means of mobility (50% of the time or greater) – lower limb amputees only	Ambulation              Wheelchair	Is client motivated to be compliant with proper use and care of the prosthesis?	Yes	No	
Expected functional level with prosthesis	<p>Level 0 – Client does not have the ability or potential to ambulate or transfer safely with or without assistance and the prosthesis would not enhance their mobility</p> <p>Level 1 - The client has the ability or potential to use prosthesis for transfers or ambulation on level surfaces at a fixed pace.</p> <p>Level 2 – The client has the ability or potential for ambulation with the ability to navigate low-level environmental barriers such as curbs, stairs or uneven surfaces.</p> <p>Level 3 - The client has the ability potential for ambulation with variable pace and can navigate most environmental barriers while participating in activities of daily living.</p> <p>Level 4 - The client has be ability or potential for prosthetic ambulation that exceeds basic ambulation skills, exhibiting high impact, stress or energy levels.</p> <p>Level 5 – The client has the ability to enhance their body to prepare for future functional ability.</p> <p>Level 6 – The client has the ability to use the prosthesis for basic hand skill activities, which are generally required for lifting, stabilizing or holding objects between two extremities.</p> <p>Level 7 – The client demonstrates a high level of function with the prosthesis that enables them to perform sophisticated hand skill patterns such as grasping and releasing, positioning of the terminal device or changing to alternate terminal devices.</p>				

Expected usage (frequency, activities, etc.)	
Detailed description of prosthesis (components, materials, etc.)	
Warranty information	

MODIFICATIONS/ REPAIRS			
Type of Request	Modification	Repair	Supplies
Detailed description of Modification/ Repair (materials, reason required, etc.)			
Warranty information			

<b>FOR OFFICE USE ONLY   POUR UTILISATION DU BUREAU SEULEMENT</b>
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- APPROVED       PENDING INFORMATION, SEE COMMENT BELOW       REFUSED, SEE COMMENTS BELOW  
 APPROUVÉE     ATTENTE D'INFORMATION, VOIR COMMENTAIRE SI-DESSOUS     REFUSÉE, VOIR COMMENTAIRES SI-DESSOUS

Comments / Commentaires :

Administrator / Administrateur : \_\_\_\_\_ Date : \_\_\_\_\_