

# Prosthetic Intake

This form has been created to coordinate goal setting between allied health practitioners to maximize treatment outcomes. Please highlight your specific areas of concern and the goals you would like to see your patient achieve.

<b>Clinician</b>		<b>Contact (email)</b>	
<b>Clinic / Facility</b>		<b>Patient Name</b>	
<b>Patient Phone No.</b>		<b>Personal Health No.</b>	
<b>Amputation Level</b>			
<b>Does the patient use a gait aid?</b>			
<b>Primary Goal / Concern</b>			
<b>Comorbidities</b>			
<b>Does the patient currently have a prosthesis?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Goals for treatment</b> (e.g. improve strength/ROM with PT, minimize gait aids, improve socket comfort, discuss a socket change, etc.)			
<b>Specific areas to note &amp; additional comments</b> (e.g. outcome measures, ROM measurements, patient/parent goals, therapy programs, etc.)			
<b>Would you like us to call if we have questions before we see the patient?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Sent this form to which Hodgson Orthopedic Office?</b>	<input type="checkbox"/> Coquitlam <input type="checkbox"/> Surrey		



## COQUITLAM

T 604.520.7332 | F 604.521.7300

Unit 113 – 250 Schoolhouse Street  
Coquitlam, BC V3K 6V7

## SURREY

T 604.597.4784 | F 604.597.3902

Unit 118 – 12414 82 Avenue  
Surrey, BC V3W 3E9

[hodgsongroup.ca](http://hodgsongroup.ca)