

Outpatient Amputee Rehabilitation Referral

t: 705-740-8351 | f: 705-876-5840

PATIENT LABEL

Please see eligibility criteria on reverse to ensure the referral is appropriate

Date (DD/MM/YYYY): _____

Name:	
DOB (DD/MM/YYYY):	Health Card #:
Address:	Phone #:
	Work #:
	Cell #:
Diagnosis:	Date of Surgical Amputation (DD/MM/YYYY):
	Last Hospital Admission Date (DD/MM/YYYY):
Has the client consulted with a Vascular Surgeon for this problem: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Vascular Surgeon:
	Date last seen (DD/MM/YYYY):
Does your patient have diabetes? <input type="checkbox"/> Yes <input type="checkbox"/> No Type: _____	
Does your patient have any pre-existing health condition that would make exercising unsafe, difficult or high risk? <input type="checkbox"/> Yes <input type="checkbox"/> No Please note: _____	
Physician Name (please print):	I verify that the above named patient is appropriate to join the PRHC Outpatient Amputee Rehabilitation Program
Physician's Telephone #:	Signature of Referring Practitioner:
	Date (DD/MM/YYYY):

Please ensure that the referral is fully completed and supporting documents attached before faxing to Central registration.

Please see eligibility criteria on reverse to ensure the referral is appropriate

For Office Use: K# _____ Account # _____ Initials _____

Inclusion Criteria

- Trans-tibial Amputation (BKA) or Forefoot Amputation
- Cognitively appropriate for carryover of new learning
- Has transportation access to PRHC greater than 2x/week
- Motivated to learn how to use a prosthesis
- Realistic goals for mobilizing with a prosthesis
- Wound is closed and has adequate healing for prosthetic wear
- Residual limb volume is adequately controlled to safely don prosthesis (wearing shrinker)
- Has met with Prosthetist and prosthesis is fabricated
- Client is medically stable

Exclusion Criteria

- Trans-femoral Amputation
- Insufficient support or physically unable to function at home
- Patient lives greater than one (1) hour from Peterborough
- Cognitive deficits noted, impeding carryover of learning
- Complex medical comorbidities
- Patient requires interdisciplinary care
- Patient requires elements of 24 hour care while training with a prosthesis

Exceptions may be considered based on clinical judgment of physician and rehabilitation team.

Adapted from GTA Rehab Network for Exercise Testing and Prescription (2014)