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## Episode of Rehabilitation Care

Height: \_\_\_\_\_ cm      Weight: \_\_\_\_\_ kg

In the past three months, how often have you used tobacco-based products?

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What is the highest level of education that you have obtained?

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ICD Codes of health conditions

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Please select any rehabilitation treatments received in this episode of care.

- |  |   |
|--|---|
| <input type="checkbox"/> Prosthetist             | <input type="checkbox"/> Physiotherapist                |
| <input type="checkbox"/> Occupational therapist  | <input type="checkbox"/> Social Worker                  |
| <input type="checkbox"/> Psychologist            | <input type="checkbox"/> Rehabilitation medicine doctor |
| <input type="checkbox"/> Peer support            | <input type="checkbox"/> Community based rehabilitation |
| <input type="checkbox"/> Community health worker | <input type="checkbox"/> Nurse                          |

Please select any rehabilitation interventions received in this episode of care.

- ☐ Compression therapy
  - ☐ Shrinker
  - ☐ Bandage
  - ☐ Premade silicone/elastomer liner inflatable compression
  - ☐ Removable rigid dressing

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☐ Other: \_\_\_\_\_

☐ Gait training

☐ Adaptive sport training

Prosthetic Interventions: \_\_\_\_\_

Prosthesis Description:

Side		
Delivery date		
Socket		
Design		
Type	<input type="checkbox"/> Fiberglass lamination <input type="checkbox"/> Carbon fiber lamination <input type="checkbox"/> Thermoplastic <input type="checkbox"/> 3D printed <input type="checkbox"/> Adjustable socket solution	<input type="checkbox"/> Fiberglass lamination <input type="checkbox"/> Carbon fiber lamination <input type="checkbox"/> Thermoplastic <input type="checkbox"/> 3D printed <input type="checkbox"/> Adjustable socket solution
Liner		
Suspension		
Foot type	<input type="checkbox"/> Hard rubber bare foot design <input type="checkbox"/> SACH <input type="checkbox"/> Single axis <input type="checkbox"/> Multiaxial <input type="checkbox"/> Dynamic response <input type="checkbox"/> Pneumatic	<input type="checkbox"/> Hard rubber bare foot design <input type="checkbox"/> SACH <input type="checkbox"/> Single axis <input type="checkbox"/> Multiaxial <input type="checkbox"/> Dynamic response <input type="checkbox"/> Pneumatic

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	<input type="checkbox"/> Hydraulic <input type="checkbox"/> Microprocessor <input type="checkbox"/> Powered <input type="checkbox"/> Special activity	<input type="checkbox"/> Hydraulic <input type="checkbox"/> Microprocessor <input type="checkbox"/> Powered <input type="checkbox"/> Special activity
Knee type	<input type="checkbox"/> Single axis <input type="checkbox"/> Multiaxial <input type="checkbox"/> Pneumatic <input type="checkbox"/> Hydraulic <input type="checkbox"/> Microprocessor <input type="checkbox"/> Externally powered	<input type="checkbox"/> Single axis <input type="checkbox"/> Multiaxial <input type="checkbox"/> Pneumatic <input type="checkbox"/> Hydraulic <input type="checkbox"/> Microprocessor <input type="checkbox"/> Externally powered
Hip type	<input type="checkbox"/> Single axis <input type="checkbox"/> Multiaxial <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic	<input type="checkbox"/> Single axis <input type="checkbox"/> Multiaxial <input type="checkbox"/> Hydraulic <input type="checkbox"/> Pneumatic

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