



## AMPUTEE MOBILITY PREDICTOR

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Gender:**  Female  Male **DOB:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Amputation:**  Left  Right

**Date of Amputation:** \_\_\_\_\_

**Amputation Level:** \_\_\_\_\_

**Cause of Amputation:** \_\_\_\_\_

**Condition of Contralateral Limb:**

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**Medical History:**

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**Initial Fitting of Prosthesis:** \_\_\_\_\_

**Rehab. Goals / Mobility Expectations:** \_\_\_\_\_

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