

# Amputee Rehabilitation Clinic

## Outpatient Rehabilitation Referral Form

1 Hospital Drive Peterborough, ON K9J 7C6  
 t: 705-743-2121 x. 2828 | 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):
Affected Side: <input type="checkbox"/> Left <input type="checkbox"/> Right	
Type of Amputation: <input type="checkbox"/> Above Knee <input type="checkbox"/> Below Knee <input type="checkbox"/> Upper Extremity	
Has this person been fitted for a prosthesis: <input type="checkbox"/> Yes <input type="checkbox"/> No	
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  Signature of Referring Practitioner:  Date (DD/MM/YYYY):
Physician's Telephone #:	

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

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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)*