

## Follow-Up Appointment Worksheet

Date \_\_\_\_\_

Please list any changes in the following:

*Medications: Drug Name* \_\_\_\_\_ *Dosage* \_\_\_\_\_

*Medical Diagnosis* \_\_\_\_\_ *Therapies or Treatments in care* \_\_\_\_\_

*Home Environment* \_\_\_\_\_ *Work* \_\_\_\_\_

Please list any changes in the following:

*Eating* \_\_\_\_\_

*Dressing* \_\_\_\_\_ *Toileting* \_\_\_\_\_

*Mobility* \_\_\_\_\_ *Transfers* \_\_\_\_\_

*Communication* \_\_\_\_\_ *Comprehension* \_\_\_\_\_

*Sleep pattern* \_\_\_\_\_ *Transportation* \_\_\_\_\_

### Post Prosthesis Information

*Type of Socket* \_\_\_\_\_

*Manufacturer Name of Arm, Knee, and/or Foot* \_\_\_\_\_ *Socks currently using?* \_\_\_\_\_

*Skin Condition of limb with limb loss/limb difference: Open wounds, blisters, rashes, abrasions, bruising, swelling, shrinking, other:* \_\_\_\_\_ *Any pain on limb from socket, explain?* \_\_\_\_\_

*Any pain during specific activities or sitting? Please explain.* \_\_\_\_\_

*Any secondary conditions: pain with any other areas (back pain, pain in sound leg, shoulder, etc.)? Please explain.* \_\_\_\_\_

*Are you using a shrinker sock when not wearing prosthesis?* \_\_\_\_\_

*How many hours per day are you wearing your prosthesis?* \_\_\_\_\_

*Are you using any assistive devices other than your prosthesis?*  No  Yes

*If yes, what other devices are you using, and when?* \_\_\_\_\_

*Are you doing any contracture prevention exercises/stretching?* \_\_\_\_\_

*What is your current exercise and/or physical therapy activities?* \_\_\_\_\_

*Any difficulties with ability to participate in activities, work, activities of daily living?* \_\_\_\_\_