

**Primary etiology**

- Trauma
- Disease
- Congenital

**Date of birth**

(Required For All Patients)

(Month) (Day) / (Year) (Month) (Day) / (Year)

**Current height**

( ) ( ) ' ( ) ( ) "

(Feet) (Inches)

**Current weight**

( ) ( ) ( )

(Lbs.)

**Weight changes within the last six months?**

- Gain
- Loss
- No change

**Amount?**

( ) ( ) ( )

(Lbs.)

**Admission Functional Level**

- (K0) Non-ambulatory
- (K1) - Household ambulator (level surfaces, fixed cadence)
- (K2) - Limited community ambulator (uneven surfaces, low barriers)
- (K3) - Community ambulator (variable cadence, most barriers)
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Affected Limb(s)	Left	Right
<del>Partial foot</del>	<del><input type="radio"/></del>	<del><input type="radio"/></del>
Ankle disarticulation	<input type="radio"/>	<input type="radio"/>
Transtibial	<input type="radio"/>	<input type="radio"/>
Knee disarticulation	<input type="radio"/>	<input type="radio"/>
Transfemoral	<input type="radio"/>	<input type="radio"/>
Hip disarticulation	<input type="radio"/>	<input type="radio"/>
Hemi-pelvectomy	<input type="radio"/>	<input type="radio"/>

