|  |  |
| --- | --- |
| Name: to be completed at WestMARC | CHI: |
| SPARG: | Clinic Date: |
| **Wound** (include healing status, oedema) | |
|  | |
| **Compression** ( date commenced, type) | |
|  | |
| **Transfers** (include level of support required if any and ability to stand on 1 leg for casting) | |
|  | |
| **Mobility** (wheelchair mobility, use of PPAM aid, walking aids required, exercise tolerance) | |
|  | |
| **Contractures** (note any lower limb contractures and length of time present) | |
|  | |
| **Cognition** (include results of any cognitive testing) | |
|  | |
| **Previous mobility** (patients level of functional mobility and date when) | |
|  | |
| **Expected Mobility** (prosthetic use, aids required and tolerance) | |
|  | |
| **Remaining Limb** (include details of any problems with remaining limb) | |
|  | |
| **Other Relevant information (**includingsocial history that may impact on discharge,  managing with prosthesis, hobbies, employment) | |
|  | |
| In patient d/c date (if applicable) : | |
| Update from: | Date: | |
| E-mail: | | |
| Tel number: | | |

Please complete and return to: [Westmarc.Physiotherapy@ggc.scot.nhs.uk](mailto:Westmarc.Physiotherapy@ggc.scot.nhs.uk)