|  |  |
| --- | --- |
| 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