

**INDIVIDUAL GOALS - PRE AND POST AMPUTATION**

Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ AGE: \_\_\_\_\_ ASSESSMENT DATE: \_\_\_\_\_

Job Title pre and post amputation: \_\_\_\_\_

**Below, please check all which apply to amputee, both prior to and post amputation.**

Bending: \_\_\_\_\_

Lifting: \_\_\_\_\_ Weight lifted on a daily basis: \_\_\_\_\_ lbs

Squatting: \_\_\_\_\_

Stooping: \_\_\_\_\_

Walking: \_\_\_\_\_ Distance walked on a daily basis: \_\_\_\_\_

Standing: \_\_\_\_\_ Type of surface: concrete \_\_\_\_\_ tile \_\_\_\_\_ wood \_\_\_\_\_

other (please describe): \_\_\_\_\_

How many hours per day: \_\_\_\_\_

Pulling: \_\_\_\_\_ What does pt pull? \_\_\_\_\_

Weight of object being pulled: \_\_\_\_\_ lbs

Carrying: \_\_\_\_\_ What does pt carry? \_\_\_\_\_

Weight of object being carried: \_\_\_\_\_ lbs

Pushing: \_\_\_\_\_ What does pt push? \_\_\_\_\_

Ladder use \_\_\_\_\_ How often: \_\_\_\_\_

Heavy Equipment \_\_\_\_\_

Caring for farm animals: \_\_\_\_\_

Wood cutting: \_\_\_\_\_

Physical Therapy: \_\_\_\_\_ How often: \_\_\_\_\_

**Below, please check all which apply to amputee, both prior to and post amputation, that he/she are responsible for during activities of daily living:**

Sweeping: \_\_\_\_\_

Mopping: \_\_\_\_\_

Vacuuming: \_\_\_\_\_

Laundry: \_\_\_\_\_

Lawn Maintenance: i.e., weedeating, mowing, et cetera; \_\_\_\_\_

Meal Preparation: \_\_\_\_\_

Washing Dishes/loading dishwasher: \_\_\_\_\_

**Below, please check types of terrain encountered by amputee on a daily basis, both prior to and post amputation:**

Hills: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Slopes: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Grassy area: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Rocky area: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Dirt: \_\_\_\_\_ Work: \_\_\_\_\_ Home: \_\_\_\_\_

Other: \_\_\_\_\_ Describe: \_\_\_\_\_

**Below, please indicate what types of care that amputee is responsible for, other than his/her self, on a daily basis:**

Child care: \_\_\_\_\_ Ages of child (children: \_\_\_\_\_

Feeding: \_\_\_\_\_ Bathing: \_\_\_\_\_ Dressing: \_\_\_\_\_ Lifting: \_\_\_\_\_ Carrying: \_\_\_\_\_

Transporting: \_\_\_\_\_

Elderly care: \_\_\_\_\_ Ages of person(s) caring for: \_\_\_\_\_

Feeding: \_\_\_\_\_ Bathing: \_\_\_\_\_ Dressing: \_\_\_\_\_ Tugging: \_\_\_\_\_ Lifting: \_\_\_\_\_

Transporting: \_\_\_\_\_

**Below, please indicate what types of hobbies amputee enjoyed prior to amputation and desires to return to post amputation:**

Fishing: \_\_\_\_\_

Hunting: \_\_\_\_\_

Golfing: \_\_\_\_\_

Walking: \_\_\_\_\_

Running: \_\_\_\_\_

Hiking: \_\_\_\_\_

Bicycling: \_\_\_\_\_

Sports: \_\_\_\_\_ Please specify: \_\_\_\_\_

**Below, please indicate expected goals of amputee, post amputation:**

Returning to work place: \_\_\_\_\_

Returning to hobbies: \_\_\_\_\_

Returning to exercise: \_\_\_\_\_

Functional Independence: \_\_\_\_\_

Performing ADLS: \_\_\_\_\_

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If amended, date of amendment:** \_\_\_\_\_