

# Prosthetic Devices Referral Form

**THIS IS A FILLABLE FORM. Please save this file to your computer, fill it out, and then submit via [email](#) or fax to 1-604-271-2606.**

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

**Client Information:**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Claim No.: \_\_\_\_\_

Please indicate any special issues, amputations, or areas of sensitivity. Please specify: touch? or cold?: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Funder Information:**

Agency Name: \_\_\_\_\_

Agency Location: \_\_\_\_\_

Contact Name \_\_\_\_\_

Position: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Referred by:**

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

Business Name: \_\_\_\_\_

City: \_\_\_\_\_

Province/State: \_\_\_\_\_ Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Prosthetic Device Structure:**

Outer Socket:  Fibreglass  Carbon Fibre  
 Other: \_\_\_\_\_

Innermost Liner:  Silicone  Latex  
 Other: \_\_\_\_\_

Please list any other liners or layers, where they are located, and whether or not they can be replaced by the heated liner.

\_\_\_\_\_

\_\_\_\_\_

Is the prosthetist building a new device?  Yes  No

If so, can they allow for the small extra thickness for the heated liner?  Yes  No

**Measuring Instructions:**

**Prosthetic Device Integrated System:** Please measure around the first or second layer on top of the residual limb. Our heating system will include an outer layer to help keep the heat in. What you include between our system and the outer socket is optional and your choice.

**Comfort Sock System:** This is designed to be worn against the skin and it is washable according to supplied instruction. If you choose to include a sanitary or comfort layer against the limb (easier to launder), please provide the measurements over that layer. The outer layer will be thicker than the one on the integrated liner.

**Combo Pack:** Same measurements as the Comfort Sock System.

**Critical information about the prosthetic device is required so that the heating system can be customized for the best fit. As prosthetic devices are built using a variety of materials and attachment systems, incorporating a heating system into the layers of the device may require some collaboration between Simple Abilities and the individual prosthetist; this can usually be handled in a phone chat.**

## ABOUT THE HEATED DEVICE

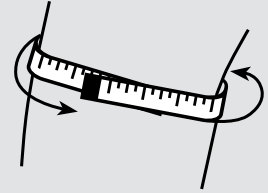
The heated sock will be 1.5 mm in thickness. There will be a very small transition point where the micro heating wire connects to the external power wire. The patch where this transition takes place is 20 mm x 40 mm and at its thickest point will be less than 5 mm.

The patch can be located wherever the prosthetist/client chooses. Depending on the material used in the different layers of the device, this patch may simply compress into the material used. Alternately, the prosthetist may choose to grind a bit of the inside of the outer shell to accommodate that bit of extra thickness, or cut a small portal to allow the wire lead to exit the device.

## ABOUT THE POWER SUPPLY

Depending on the choice of battery, the battery can be located on the exterior of the device or in a belted pouch around the waist.

**Important: When measuring the circumference, make sure to measure all the way around the limb.**



## Prosthetic Device Dimensions

### PLEASE INCLUDE MEASUREMENTS FOR THE APPLICABLE PROSTHETIC DEVICE.

Please use a separate form for each prosthetic device.

Refer to appropriate diagram for instructions on taking measurements.

**LOCATION:**  Right  Left

#### ABOVE THE ELBOW

Circumference of A: \_\_\_\_\_

Circumference of B: \_\_\_\_\_

Circumference of C: \_\_\_\_\_

Length from armpit to end of limb: \_\_\_\_\_

#### BELOW THE ELBOW

Circumference of D: \_\_\_\_\_

Circumference of E: \_\_\_\_\_

Circumference of F: \_\_\_\_\_

Length from elbow pit to end of limb: \_\_\_\_\_

#### ABOVE AND BELOW THE ELBOW (WITH HEATED BICEP AREA)

Circumference of A: \_\_\_\_\_

Circumference of B: \_\_\_\_\_

Circumference of C: \_\_\_\_\_

Length from armpit to elbow pit: \_\_\_\_\_

Circumference of D: \_\_\_\_\_

Circumference of E: \_\_\_\_\_

Circumference of F: \_\_\_\_\_

Length from elbow pit to end of limb: \_\_\_\_\_

#### ABOVE THE KNEE

Circumference of A: \_\_\_\_\_

Circumference of B: \_\_\_\_\_

Circumference of C: \_\_\_\_\_

Length from crotch to end of limb: \_\_\_\_\_

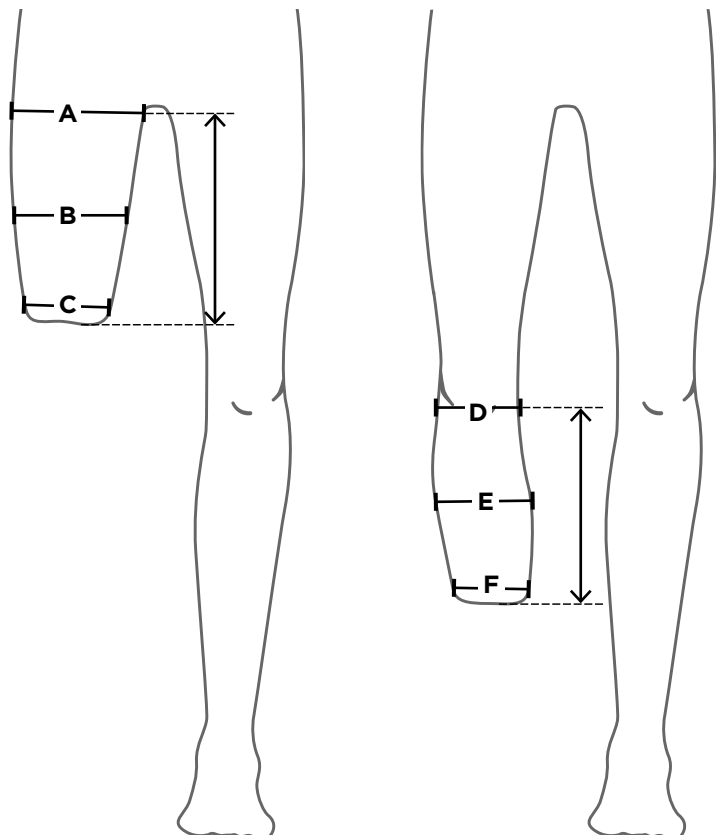
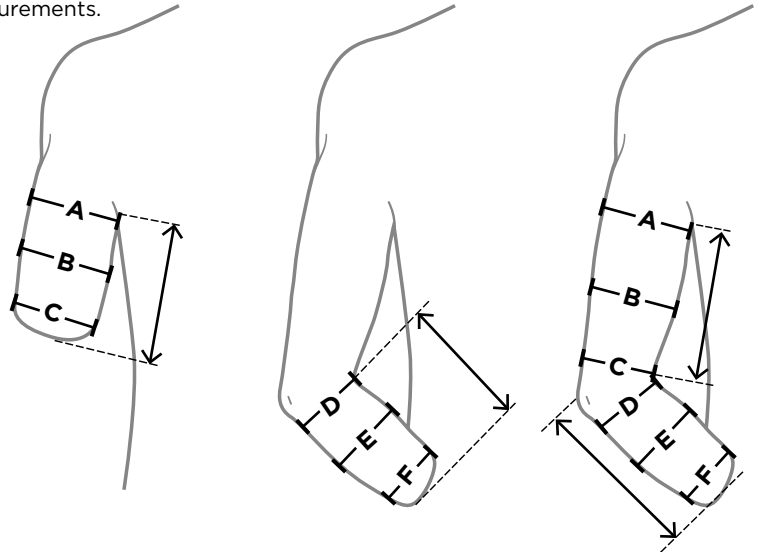
#### BELOW THE KNEE

Circumference of D: \_\_\_\_\_

Circumference of E: \_\_\_\_\_

Circumference of F: \_\_\_\_\_

Length from knee pit to end of limb: \_\_\_\_\_



Call us toll-free at 1-877-470-1700 if you have any questions.