**\*ALL FIELDS NEED TO BE COMPLETED\***

**Specialist Prosthetics Referral Form – Updated Jan 2025**

|  |  |  |  |
| --- | --- | --- | --- |
| **Patient Details:** | | **GP Details:** | |
| Name: |  | Name: |  |
| Address: |  | Address: |  |
| DOB: |  | **Next of Kin Details:** | |
| NHS Number: |  | Name: |  |
| Male/Female: |  | Relationship to Patient: |  |
| Phone Number: |  | Phone Number: |  |

|  |  |
| --- | --- |
| **Details of Amputation:**  Level(s)/ Side(s)/ Op date(s):  Elective or Emergency? |  |
| **Primary Cause of Amputation**:  Ischaemia/Infection/Trauma/Tumour/  Congenital/ Chronic Pain etc. |  |
| **History Leading to Amputation:**  Previous Surgeries/ Procedures to salvage limb? Infection? Pain? |  |
| **Details of Operation:**  Relevant Post-operative Details (ITU stay?):  Closure Used – Sutures/Staples/Glue/Delayed:  **Operating Surgeon:** |  |
| **Consultant in Charge:** |  |
| **Hospital and Ward:** |  |
| **Allergies:**  (Medication/ Food/ Material i.e. Latex) |  |
| **Current Medications:**  (Repeat Prescription Medication) |  |
| **Contralateral Limb Details:**  Circulation Issues/Claudication?  Strength/ ROM/ Sensation?  Prior Amputations/Procedures/Surgery/Wounds?  Current Podiatry input? (Location/Frequency): |  |
| **Medical History:**  Diabetes?  Heart/Lung Conditions?  Neurological Conditions?  Joint/Spine/MSK Issues?  Previous Surgeries?  Continence – Stoma? Catheter? |  |
| **Cognition:**  Any Issues Detected? / Diagnosis of Dementia?  Formal Tests Completed (MoCA/AMTS)?  Capacity to Make Decisions? |  |
| **Other Relevant Details:**  Smoker? /Alcohol Use? / Other Substances?  Hearing Difficulties? / Sight Difficulties?  Mental Health Difficulties? |  |
| **Previous Mobility:**  (Prior to Amputation & Prior to Onset of Limb Issues)  Mobility Aid? / Distance Walked? /Falls?  Hobbies? / Working? / Driving? |  |
| **Home Environment:**  Type of Property (House/Bungalow/Flat/Caravan)  Living alone or with someone?  Outside Access – ramp/steps?  Inside Access - stairs? stair lift?  Downstairs Living? / Carers? |  |
| **Wound Status:**  Healed/Unhealed?  Dressing on? – Simple/PICO/VAC?  Any Infection or Dehiscence? |  |
| **Therapy Details:**  Completing Transfers / Exercises?  Motivation / Limitations / Contractures?  Wheelchair Provision? |  |
| **BLARt score** (see appendix): |  |
| **Pressure Risk Assessment:**  Purpose T score & Date Completed:  Current Pressure Ulcers & Grade: |  |
| **Pain:**  Type - Residual Limb? / Phantom? / MSK?  Pain score (VAS):  Using Pain Relief? / Limb Massage? |  |
| **Discharge Plans:**  Destination / Date Planned for Transfer: |  |
| **Any Further Comments:** |  |
| **Details of Referrer:** | |
| Name: |  |
| Position: |  |
| Phone/Bleep number: |  |

**PLEASE EMAIL THE REFERRAL FORM AND OP NOTE TO:**

[livewell.plymouthprosthetics@nhs.net](mailto:livewell.plymouthprosthetics@nhs.net)

Any questions please email or call: 01752 434200

**PLEASE NOTE:** Referral forms that do not contain enough information will be rejected and sent back to the referrer to complete in full.

**Appendix:**

**BLARt Score:**

A screenshot of a medical report

Description automatically generated