



Annual Prosthetic Fit & Function Follow-Up

This form is to be completed, signed & dated by the practitioner who ordered the prosthetic.

Please mark: 1st Annual Follow-Up 2nd Annual Follow-Up 3rd Annual Follow-Up

Customer Name: _____ DOB: _____ RIN: _____

Height: _____ Weight: _____

Name of Practitioner who ordered prosthetic being evaluated: _____

Date prosthetic received:

Date of next Annual Prosthetic Fit & Function Follow-Up:

Current Functional Capacity (K1-K4):

Does the prosthetic continue to function properly? If no, please elaborate on the change(s) :

Is the residual limb stable? If no, please elaborate on the change(s) and interventions performed:

Describe how the customer manages/maintains the prosthetic:

Describe how the customer meets functional ADLs:

Evaluating practitioner's signature: _____ Date: _____