

Activities of Daily Living (ADL's) – Orthotic / C-Ped

Circle all that apply:

Do you want orthotic(s)? Y or N **For Transfers?** Y or N or N/A **For Walking?** Y or N or N/A

For Pain reduction? Y or N or N/A **For Positioning?** Y or N or N/A **For Support?** Y or N or N/A

Living Status: Live Alone Live with Assistance

Living Conditions: Level Surfaces Level Surfaces with Stairs Uneven Surfaces Uneven Surfaces with Stairs

Work Conditions: Level Surfaces Level Surfaces with Stairs Uneven Surfaces Uneven Surfaces with Stairs

Activities Pre-injury and/or surgery: Bicycling Jogging Long Walks Gardening Shopping

Other _____

Activities Post injury and/or surgery: Bicycling Jogging Long Walks Gardening Shopping

Other _____

Are you experiencing difficulty walking? Yes or No

➤ Describe _____

Are you experiencing difficulties with activities of daily living? (bathing, dressing, toileting, etc.) Yes or No

➤ Describe _____

What assistive equipment do you have at home? Ramp Lift chair Bedside toilet Other _____

What assistive devices do you use in household for mobility? No assistive device needed Cane(s) Walker

Electric scooter Wheelchair Electric wheelchair Other _____

What assistive devices do you use in community for mobility? No assistive device needed Cane(s) Walker

Electric scooter Wheelchair Electric wheelchair Other _____

Did you need assistive devices before injury and/or surgery Yes or No

Fill in Blanks:

Normal Daily Activity: Seated _____% Standing _____% Walking _____%

What activities you are you unable to do?

➤ Describe _____

Check one that applies:

How did you hear about Powell O & P?

MD / MD office staff Therapist Friend / Neighbor Insurance Company Case Worker

Initial in space provided:

____ From time to time Powell O&P sends out an email to our patients with important health news from our industry.

If you'd like to receive our e-newsletter, please provide your email address here: _____

All information is accurate to my knowledge:

Signature: _____

Printed Name: _____

Date: _____