

ORTHOTIC & PROSTHETIC APPLICATION FORM

Please complete all the relevant sections of this form in BLOCK LETTERS.

SCHEME	MEDSHIELD	Option _____
MEMBERSHIP NUMBER		
DATE OF MEMBERSHIP	D D M M Y Y Y Y	
BENEFIT AS PER SCHEME RULES	R	
DATE OF APPLICATION	D D M M Y Y Y Y	
PLEASE RETURN FORM TO		
FAX NUMBER	- -	

PATIENT DETAILS

ADDRESS		
POSTAL CODE		
DATE OF BIRTH	D D M M Y Y Y Y	
TEL. NUMBER	- -	

SUPPLIER'S DETAILS

ADDRESS		
POSTAL CODE		
TEL. NUMBER	- -	
FAX NUMBER	- -	
NAME OF ORTHOTIST OR PROSTHETIST		
PRACTICE NUMBER		

MEDICAL PRACTITIONERS DETAILS

PRACTICE NUMBER		
TEL. NUMBER	- -	
FAX NUMBER	- -	
PRESCRIPTION REQUIRED	Y N	ATTACHED Y N

MEDICAL HISTORY

DIAGNOSIS

DATE OF ONSET OF COND. - -

(OR) DATE OF ACCIDENT - -

SHORT DESCRIPTIVE HISTORY

IF AMPUTEE

	LEFT	<input type="checkbox"/>	RIGHT	<input type="checkbox"/>	BILATERAL	<input type="checkbox"/>	ARM(S)	<input type="checkbox"/>	HAND(S)	<input type="checkbox"/>
							LEG(S)	<input type="checkbox"/>	FOOT/FEET	<input type="checkbox"/>
HAND(S) - LEVEL	<input type="text"/>		DATE OF AMPUTATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
ARM(S) - LEVEL	<input type="text"/>		DATE OF AMPUTATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
LEG(S) - LEVEL	<input type="text"/>		DATE OF AMPUTATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
FEET/FOOT - LEVEL	<input type="text"/>		DATE OF AMPUTATION	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If a new amputee, who is responsible for the rehabilitation programme and where?

ORTHOTIC, APPLIANCE OR PROSTHESIS INFORMATION

IS PATIENT CURRENTLY EMPLOYED? Y N

IF YES, STATE OCCUPATION

LEVEL OF ACTIVITY High Med Low

DATE THAT PRESENT ORTHOTIC, APPLIANCE OR PROSTHETIS WAS SUPPLIED

HAS IT BEEN WELL MAINTAINED Y N

HAS IT BEEN CORRECTLY USED Y N

TWO QUOTATIONS TO BE ATTACHED Standard, Practical and Affordable OR Nice to Have

REASON(S) FOR HIGHER QUOTATION?

NB Maintenance programme of orthotic, appliance or prosthesis to be explained to patient:

- Shoes and boots to be supplied by member.
- Luxury components for orthotics and prosthetics to be paid by member.
- Alterations paid for by the scheme.
- All orthotics, prosthetics, and appliances for sport purposes are the members liability.

MVA OR WCA

MVA Y N RAF CLAIM Y N WCA Y N COID CLAIM Y N

NAME OF LAWYER

ADDRESS

TELEPHONE NO. - -

FAX NO. - -