McCleve
ORTHOTICS AND PROSTHETICS

McCleve Orthotics & Prosthetics
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Name**:** _____ Approximate: Height**:** ____'__" Weight**:** _____lbs

Recent changes in weight? Y / N

Increase / Decrease

How much?_____ lbs

Please check all that apply:

- ☐ You injury is a result of an accident from employment.
- ☐ Your injury is a result of an auto accident.
- ☐ Your injury is a result of any other type of accident.

Have you had any surgeries or do you have any surgeries scheduled? Y / N

Injury/Surgery Date**:** ____/____/____ Please explain how the injury occurred:_____

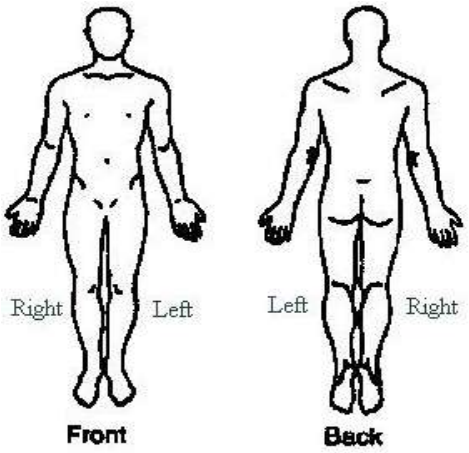
_____

How is your general health? : Poor Fair Good Excellent

Please circle your activity level: Low Medium Active Highly Active

Have you had or do you have any of the following:

__Heart Problems	__Hepatitis A or B	__Vision Problems	__Pacemaker/Defibrillator
__Hypertension	__Hepatitis C	__Parkinson Disease	__Seizure Disorder
__Vascular Disease	__HIV Positive	__Alzheimer Disease	__Hearing Loss
__Stroke	__Rheumatoid Arthritis	__Psychiatric Problems	__Currently Pregnant
__Diabetes	__Obesity	__Alcoholism	__MRSA
__Kidney Disease	__Osteoarthritis	__Known Allergies: (latex/ polypropylene/ plastic/ silicone)	
__Osteoporosis	__Pulmonary Disease (TB)	_____	



Please circle or point to the area you are feeling pain.

On a scale of 1- 10 how bad is your pain?

1 2 3 4 5 6 7 8 9 10

Better Worse

Is your physician aware of this? Y / N

List any other conditions you feel might affect your treatment._____

_____

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