

# 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

RIGHT

BILATERAL

ARM(S)

HAND(S)

LEG(S)

FOOT/FEET

HAND(S) - LEVEL

DATE OF AMPUTATION

ARM(S) - LEVEL

DATE OF AMPUTATION

LEG(S) - LEVEL

DATE OF AMPUTATION

FEET/FOOT - LEVEL

DATE OF AMPUTATION

D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y

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

D	D	M	M	Y	Y	Y	Y
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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.