



# PATIENT TREATMENT RECORD

**SUBJECTIVE**

PATIENT NAME:

START DATE:

Circle:



Yes

No



Left

Right

**RECORD NOTES AND TREATMENT**

details of amputation

multiple injuries Y / N

co-morbidities Y / N

anxiety/ depression Y / N

retains information Y / N

red flags Y / N

family/ social history

medication

stump pain  
Y / N

phantom pain  
Y / N

pain elsewhere  
Y / N

Analysis

Plan



# PATIENT TREATMENT RECORD

**OBJECTIVE**

**PATIENT NAME:**

**START DATE:**

Circle:



Yes  
No



Left  
Right

**RECORD NOTES AND TREATMENT**

infected Y/N

oedematous Y/N

healed wound Y/N

tethered scar Y/N

**REDUCED LEG RANGE OF MOVEMENT**

hip L/R

knee L/R

ankle L/R

**REDUCED LEG STRENGTH**

hip L/R

knee L/R

ankle L/R

**REDUCED ARM RANGE OF MOVEMENT AND STRENGTH**

shoulder L/R

elbow L/R

wrist/hand L/R

**MOBILITY**

transfers

wheelchair  
mobility

crutches

Analysis

Plan