



First name:  Last name:

Address:

Tel:  Fax:

e-mail:  Your age:  Male:  Female:

Your weight:  Lbs. Your height:  FT  inches

Level of activity: Moderate  Medium  High

How long do you have your prosthesis:  years

Which leg has been amputated: Right  Left  Both

Below the knee  Above the knee  Knee disarticulation

Shoe size:  Are you satisfied with your type of prosthesis? Yes  No

If not what seems to be the problem?

What kind of work do you do?

What kind of sports do you practice?

Do you have any special request?