

Personal Information

Date	
Name	
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Age	
Cultural Background	
Language Spoken	
Contact Number	Hospital/ Rehab Facility: _____ Mobile: _____
Employment Status	<p><i>Prior to your amputation were you:</i></p> <input type="checkbox"/> Employed <input type="checkbox"/> Not Working <input type="checkbox"/> Caring for Children <input type="checkbox"/> Retired <input type="checkbox"/> Studying Current or Previous Occupation: _____ Course of Study: _____

Amputation Information

Reason for Amputation	<input type="checkbox"/> Diabetes <input type="checkbox"/> Cancer <input type="checkbox"/> Trauma <input type="checkbox"/> Vascular Disease <input type="checkbox"/> Infection <input type="checkbox"/> Other (please specify) _____
Site of Amputation	<p><i>Lower Appendage:</i></p> <input type="checkbox"/> Below Knee <input type="checkbox"/> Above Knee <input type="checkbox"/> Foot/Symes <input type="checkbox"/> Partial Foot <input type="checkbox"/> Toe/s <input type="checkbox"/> Bi-lateral Other information: _____
	<p><i>Upper Appendage:</i></p> <input type="checkbox"/> Below Elbow <input type="checkbox"/> Above Elbow <input type="checkbox"/> Hand <input type="checkbox"/> Finger/s <input type="checkbox"/> Bi-lateral Other information: _____
Hospital or Rehabilitation Centre Information	<p><i>Which hospital / rehabilitation centre are you currently an inpatient at?</i></p> Name of facility: _____ Ward: _____ Bed No: _____

Visitation / General Information

So that we can match you to one of our Peer Support Volunteers, is there any other information / any special requirements you would like us to know about?

Referral Details

Referral Details

Please provide details if someone other than the individual is making this referral:

Name: _____

Mobile: _____ Phone: _____

Email: _____

Relationship: _____

Organisation (if applicable): _____

Does the individual give consent to receive a peer support visit?
(if submitting this form online please ensure that the consent box has been ticked)

Yes

No

More Information

Limbs 4 Life produces electronic newsletters and printed material. If you would like a free subscription to this information please include your postal and/or email address below:

Email Address: _____

Postal Address: _____

Suburb: _____ State: _____ Postcode: _____

Thank you for requesting a Peer Support Visit. A member from Limbs 4 Life will be in contact with you shortly to arrange your Peer Support Visit. In the meantime, if you or a loved one would like more information about Limbs 4 Life or our programs please contact us via:

Telephone: 1300 78 22 31 (Toll free)

Email: info@limbs4life.org.au

Website: www.limbs4life.org.au