

Adult Amputee Program Enrolment

Who is completing the form?

Information About the Amputee

First name _____ Middle name(s) _____ Last name _____
 Preferred name: _____ Other last name(s) previously used (optional): _____
 Date of birth: _____ Gender: _____ Preferred pronouns: _____
day/month/year
 Address: _____
 City: _____ Province: _____ Postal code: _____
 Phone number: _____ Email: _____

For confidentiality and privacy purposes, all mail from The War Amps will be mailed to you at this address.

Type of Amputation(s)

Please select all amputation types that apply and indicate the location (for bilateral amputations, check both left and right). Provide the cause (at birth, medical or accident) and date of each amputation.

	Left	Right	Cause	Date
Transtibial (below the knee)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Transfemoral (above the knee)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Partial foot	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Syme's	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Ankle disarticulation (through the ankle)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Knee disarticulation (through the knee)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Transradial (below the elbow)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Partial hand	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Wrist disarticulation (through the wrist)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Transhumeral (above the elbow)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Elbow disarticulation (through the elbow)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hemipelvectomy	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Hip disarticulation (through the hip)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Rotationplasty	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Forequarter	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Shoulder disarticulation (through the shoulder)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Other (please specify): _____				

The amputation(s) is/are the result of a limb length discrepancy of the: Femur and/or Tibia/Fibula

The amputation(s) is/are the result of a limb length discrepancy of the: Humerus and/or Radius/Ulna

The limb length discrepancy is: _____ cm or _____ inches

Additional notes: _____

Cause(s) of Amputation

Please select all that apply and provide the date(s) of each amputation or surgery, if applicable.

At birth

- Congenital
- Congenital surgical
(As a result of congenital limb deficiency where surgical amputation has been or will be required)
- Congenital type:
- No cause or diagnosis
- Amniotic band syndrome
- Fibular hemimelia
- PFFD
- TARS
- Other

Please specify: _____

Medical

- Date of diagnosis: _____
- Cancer
- Meningitis
- Diabetes
- Vascular
- Sepsis
- Other

Please specify: _____

Accident

- Date of accident: _____
- Automobile accident
- Farm accident
- Lawn mower
- Train accident
- Electrocution
- Frostbite
- Grinder accident
- Workplace accident
- Miscellaneous accident

Please specify: _____

Date(s) of amputation(s)/surgery or surgeries (if applicable): _____

Are you considering pursuing legal action as a result of the cause of amputation (if applicable)? Yes No

Please indicate the prosthetic/rehabilitation centre you attend: _____

Is a prosthetic limb/device currently being made? Yes No

Other Sources of Funding

Are you eligible for funding from any other source, such as social assistance, or do you have personal extended health coverage or group insurance through your place of employment? This will ensure the coverage of artificial limbs is within our funding guidelines.

Yes Please specify: _____ No

One-Time Financial Grant

We understand that adapting to life as an amputee can be a major adjustment. As such, The War Amps is offering a one-time financial grant for new enrollees who may benefit from it during their recovery journey. The grant can be used to help offset the costs associated with becoming an amputee.

This grant is separate from any prosthetic funding support we provide and will not have an impact on the amount eligible for prosthetic care.

Are you interested in applying for this one-time financial grant? Yes No

Confirmation of Amputation

To receive this grant, a member of your medical team must complete a form that confirms your amputation level.

Medical professionals can only be one of the following:

- Doctor (general practitioner, nurse practitioner, physiatrist)
- Prosthetist
- Occupational therapist
- Physiotherapist

Once your request for enrolment has been processed and approved, you will receive an email from The War Amps that includes the *Confirmation of Amputation* form that must be filled out and signed by your medical professional and returned to us. You may also download and print the form from our website, waramps.ca.

Once the confirmation is received, a cheque will be sent to the address provided in your enrolment form. We are not able to send funds via direct deposit at this time.

