

Patient Name: _____

Date: _____

Activity Chart

Potential Daily Activities

List activities that patient has done in the past and would like to get back to using a new device (e.g. home, work, therapeutic, exercise, & leisure). Focus on activities that meet criteria stated in the insurance payer's coverage policy and activities that the new prosthesis will allow that the current prosthesis does not.

Daily Activities (use appropriate K-Level language)	Distance Traveled (use Google Maps)	Can patient do this activity with Current Prosthesis? (Describe difficulties, such as falls, stumbles, not making it across street before light changes, inability to change speed when needed, etc.)	How will patient be able to do it better with the new prosthesis? (What feature does the new prosthesis offer that will help your patient achieve the activity?)
Activities Prior to the amputation			
Current Activities that patient is struggling with that he/she could better with the new prosthesis.			
Potential Future Activities (If these vary from prior activities, an explanation will be required)			