



Registration Form

Adult Amputee Program

Applicant's Information

Last name _____ First name _____ Middle name(s) _____

Other last name(s) previously used (optional) _____ **Language of preference:** English French

Telephone number _____ **Date of birth:** _____ **Gender:** _____

Unit/Suite/Apt _____ Street number _____ Street name _____ PO box _____ Rural route _____

City/Town _____ Province _____ Postal code _____ Email address _____

Amputation Information

Date of amputation: _____ **Cause of amputation:** _____

day/month/year (e.g., diabetes, motor vehicle accident, etc.)

Level of amputation: _____ Left Right Bilateral

(e.g., above or below knee/hip/above or below elbow/hand, etc.)

Additional amputation details: _____

(for partial foot/hand, etc.)

If more than one amputation:

Date of amputation: _____ **Cause of amputation:** _____

day/month/year (e.g., diabetes, motor vehicle accident, etc.)

Level of amputation: _____ Left Right Bilateral

(e.g., above or below knee/hip/above or below elbow/hand, etc.)

Additional amputation details: _____

(for partial foot/hand, etc.)

Other Financial Assistance

The War Amps does not employ a means test; however, as a charity, we need to be advised of any financial assistance that is available to you other than the standard provincial coverage. Are you covered through private insurance (i.e., Manulife, Sun Life, Blue Cross, etc.) or any government programs such as social assistance? Please provide details:

Applicant's signature _____

Date (day/month/year) _____

Prosthetic Centre Information

Name, address and telephone number _____

The information collected by The War Amps is for the purpose of providing you with the services you have requested from the Adult Amputee Program. The War Amps is committed to protecting the privacy of the personal information of its members.

Please return your completed form to the National Amputee Centre.