

Adult Amputee Program Registration

Who is completing the form? _____

Information About the Amputee

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

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

Phone number _____ **Date of birth:** _____ day/month/year **Gender:** _____

Address _____

City _____ Province _____ Postal code _____ Email _____

Amputation Information

Date of amputation: _____ day/month/year **Cause of amputation:** _____
(e.g., diabetes, motor vehicle accident, etc.)

Type 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: _____ day/month/year **Cause of amputation:** _____
(e.g., diabetes, motor vehicle accident, etc.)

Type 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.)

Prosthetic Centre Information

Name, address and telephone number _____

Other Financial Assistance

The War Amps does not employ a means test; however, as a charitable organization, 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 (e.g., Manulife, Sun Life, Blue Cross, etc.) or any government programs, such as social assistance? If so, please provide details:

How did you learn about The War Amps services for amputees? _____

Applicant's signature _____ Date (day/month/year) _____

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. Charitable Registration No.: 13196 9628 RR0001