

Adult Amputee Program Registration

Who is completing the form? _____

Information About the Amputee

First name	Middle name(s)	Last name		
		Language preference:	English <input type="checkbox"/>	French <input type="checkbox"/>
Other last name(s) previously used (optional) _____				
		Date of birth:	_____	Gender: _____
Phone number		day/month/year		
Address _____				
City	Province	Postal code	Email	

Amputation Information

Date of amputation: _____ **Cause of amputation:** _____
day/month/year (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.)

Second amputation, if applicable:

Date of amputation: _____ **Cause of amputation:** _____
day/month/year (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 phone 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 funding your needs and providing you with the services you have requested. The War Amps is committed to protecting the privacy of your personal information. Information collected may be processed by a third-party service provider. Charitable Registration No.: 13196 9628 RR0001