

Patient Intake Form

Videos, photographs, and forms should only be submitted to Össur using a transmission method that is data protection compliant. Please contact our customer service (customercare.au@ossur.com) if you do not have data transfer access with us.

Please fill out the entire form so we can take all your requirements into account.

Clinic	Clinician name	E-mail	Phone
Shipping address		City	Postcode
Patient name		Sizing date	
Patient date of birth		Date of final surgical procedure	
Patient gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Diverse	Dominant hand <input type="checkbox"/> Right <input type="checkbox"/> Left	Please circle all affected fingers: <input type="checkbox"/> L1 <input type="checkbox"/> L2 <input type="checkbox"/> L3 <input type="checkbox"/> L4 <input type="checkbox"/> L5 <input type="checkbox"/> R1 <input type="checkbox"/> R2 <input type="checkbox"/> R3 <input type="checkbox"/> R4 <input type="checkbox"/> R5	
Patient occupation		Did the injury occur at work? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Cause of finger absence?

- Trauma – please explain cause:
 Sepsis Dysvascular Cancer Congenital Other:

Did the patient change or lose job due to amputation?

- Yes No

Is the patient experiencing any of the following?

- Edema Limited joint flexion Other concern that might affect function (Please explain):
 Hyper-sensitivity Limited joint extension
 Weakness Volume fluctuation

Does the patient have access to hand therapy (HT) or occupational therapy (OT)?

- Yes No If yes, please provide therapist contact information:

Has the patient tried any other prosthetic intervention?

- Yes No If yes, please specify :

PATIENT GOALS – Please list the top 5 goals the device(s) may assist your patient in achieving:

- | | |
|---|--|
| <input type="checkbox"/> ADLs (self care, dressing, buttons, hygiene, etc.) | <input type="checkbox"/> Occupation/employment _____ |
| <input type="checkbox"/> Preparing meals | <input type="checkbox"/> Using tools <i>impact, vibratory, and/or bilateral required</i> |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Weightlifting/other exercise _____ |
| <input type="checkbox"/> Household maintenance | <input type="checkbox"/> Writing/typing _____ |
| <input type="checkbox"/> Childcare _____ | <input type="checkbox"/> Musical instrument _____ |
| <input type="checkbox"/> Animal care _____ | <input type="checkbox"/> Hobbies _____ |
| <input type="checkbox"/> Other _____ | |

Additional notes _____

Application Checklist (initial when complete)

- | | | |
|--------------------------------------|---|--|
| <input type="checkbox"/> Intake form | <input type="checkbox"/> ROM video | <input type="checkbox"/> QuickDASH Outcome Measure: (Score: _____) |
| <input type="checkbox"/> Photo A | <input type="checkbox"/> Device Sizing Form | <input type="checkbox"/> Hand Scan (optional) |
| <input type="checkbox"/> Photo B | <input type="checkbox"/> Positive Hand Mold (N/A for PIPDriver and GripLock Finger) | |

The above information is true to the best of my knowledge. I understand that this data will be used to design a fully custom device. By signing the form, I am accepting responsibility for the information herein.

In this context, I expressly agree to the processing of personal data, measurement forms, and media by Össur to the extent required for the purpose of testing, ordering, and supplying Naked Prosthetics products. Processing by Össur shall be in compliance with data protection requirements according to the applicable general legal provisions. I am aware that this declaration can be revoked at any time by notifying Össur's Data Protection Officer (dpo@ossur.com).

Clinician signature _____ Date _____



I. VIDEOS + PHOTOS

Photos and videos are required in customising the device(s) for the patient. Photos and videos must be at least 300 dpi* and show unobstructed viewpoint for each impaired digit.

PHOTOS

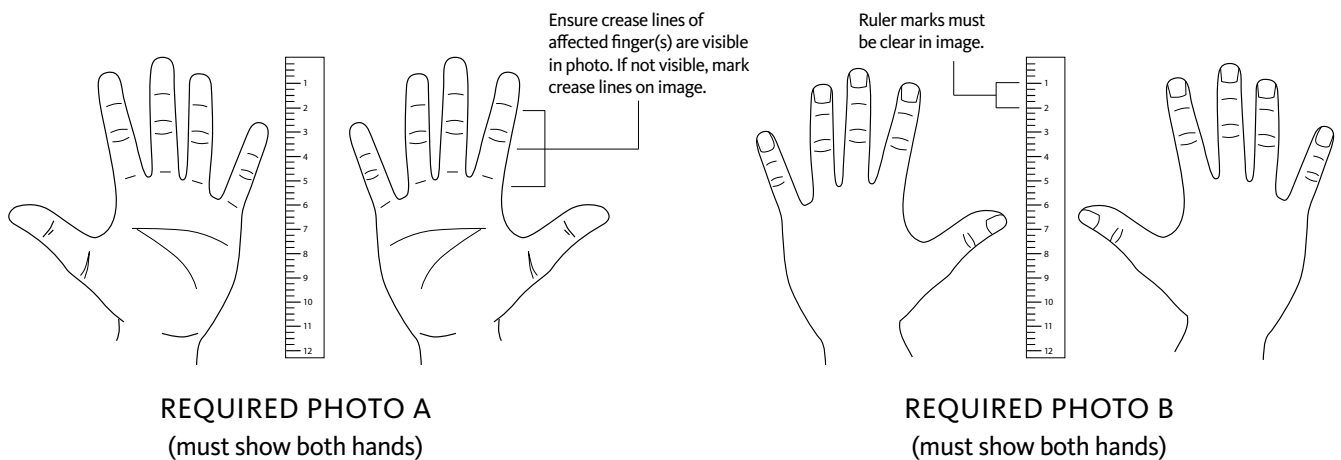
Please ensure hand detail (i.e., palmar creases) and ruler hash marks / numbers are highly visible in each photo.

- Orthogonal photo with ruler – fingers extended, palmar view
- Orthogonal photo with ruler – fingers extended, dorsal view

VIDEOS

Required videos must include affected digit(s):

- Full flexion and extension – palmar view
- Full flexion and extension – sagittal view



It is critical that both hands are positioned as flat as possible against a flat surface and that the photos are taken directly above (perpendicular to) the hands and approximately two feet (~60cm) away to avoid any possible distortion of the photos.

Failure to capture images according to Naked Prosthetics standards may require re-submission.

REQUIRED ADDITIONAL PHOTOS OF IMPAIRED DIGIT(S)

- **“Down the barrel” view:**

- no sizing rings on
- proximal sizing ring on in measurement position
- PIP joint sizing ring on in measurement position (for PIPDriver only)
- residuum sizing ring on in correct position

- **Dorsal view – all size rings in measuring position**

Videos, photos, and scanned forms can be submitted to: customer care.au@ossur.com.

If you are unable to send high resolution photos due to size limitations with email, please contact our Customer Care Team.

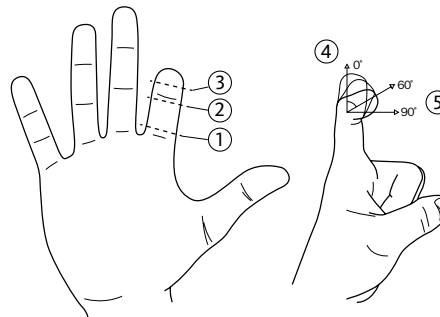
Patient: _____ Clinician: _____

II: SIZE & RANGE OF MOTION (ROM)

Record the following five measurements by filling in each appropriate box below with the corresponding sizing ring number. Please use only the Naked Prosthetics' sizing kit numbers.

Use this drawing as a reference:

- ① Ring size at the base of the finger, where a ring normally sits
- ② Ring size on the PIP joint (knuckle)
- ③ Ring size ½-way between the base of the finger and the amputation
- ④ Extension (use a goniometer) (hyperextension is a negative value)
- ⑤ Flexion (use a goniometer)



LEFT HAND

- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	L2 Index finger	L3 Middle finger	L4 Ring finger	L5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
② PIP knuckle	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
③ Mid 2nd phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
④ PIP joint extension				
⑤ PIP joint flexion				

RIGHT HAND

- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	R2 Index finger	R3 Middle finger	R4 Ring finger	R5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
② PIP knuckle	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
③ Mid 2nd phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
④ PIP joint extension				
⑤ PIP joint flexion				

Touch screen conductivity

Additional notes _____

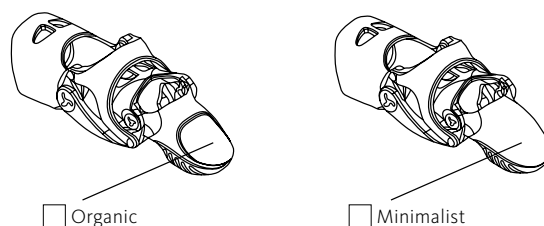
III. STYLE

COLOUR (please mark selection)

For visual help, please visit npdevices.com or use the demo kit.



NAIL STYLE (please select)



IV. GUARANTEE

- Warranty extension by 1 year
- Warranty extension by 2 years

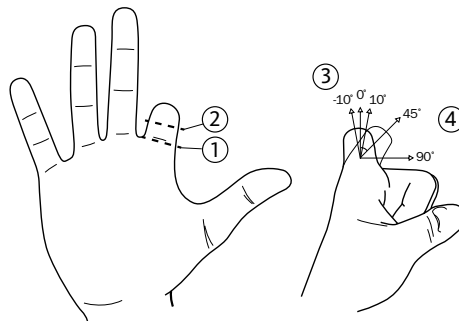
Patient: _____ Clinician: _____

II: SIZE & RANGE OF MOTION (ROM)

Record the following five measurements by filling in each appropriate box below with the corresponding sizing ring number. Please use only the Naked Prosthetics' sizing kit numbers.

Use this drawing as a reference:

- ① Ring size at the base of the finger, where a ring normally sits
- ② Ring size ½-way between the base of the finger and the amputation
- ③ Extension (use a goniometer) (hyperextension is a negative value)
- ④ Flexion (use a goniometer)



LEFT HAND

- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	L1 Thumb	L2 Index finger	L3 Middle finger	L4 Ring finger	L5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
② Mid 1st phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
③ MCP joint extension					
④ MCP joint flexion					

RIGHT HAND

- Select an intimate fitting ring size for each measurement
- Oval and round ring sizes are not interchangeable
- For each measurement, indicate whether you used a round or oval ring

	R1 Thumb	R2 Index finger	R3 Middle finger	R4 Ring finger	R5 Little finger
① Proximal finger base	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
② Mid 1st phalanx	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____	<input type="checkbox"/> Oval <input type="checkbox"/> Round Size: ____
③ MCP joint extension					
④ MCP joint flexion					

Touch screen conductivity

Additional notes _____

III. COLOUR (please mark selection)

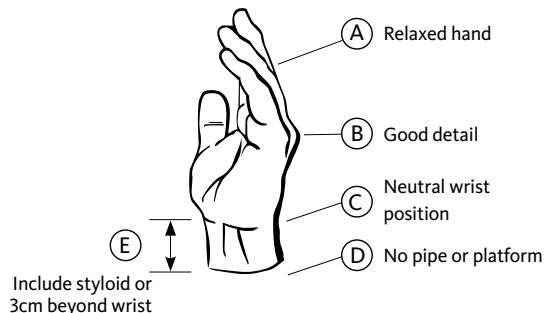
For visual help, please visit npdevices.com or use the demo kit.



IV. GUARANTEE

- Warranty extension by 1 year
- Warranty extension by 2 years

IV. Positive cast of the affected only (sound side cast not required). Be sure to capture:

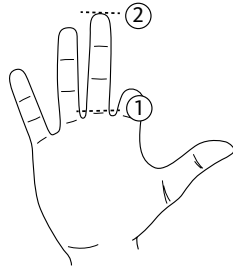


Note: Positive cast required for MCP Driver and Thumb Driver Devices only.

Patient: _____ Clinician: _____

II. SIZE & RANGE OF MOTION (ROM)

To estimate appropriate GripLock Finger length, measure the distance from the palmar digital crease (1) to the distal end of the fingertip (2) on each corresponding intact finger. Use the following table to record your measurements:



Intact Finger Measurement

Intact Digit	Index finger	Middle finger	Ring finger	Little finger
Length (mm)	mm	mm	mm	mm

GripLock Finger Size

Use your measured lengths above to select the most appropriate GripLock Finger size for each digit. Be sure to consider any possible added length that may occur as a result of socket build up when deciding on final finger length. For this reason, if between sizes, we recommend that you select the smaller of the two sizes.

Please indicate the number of each digits you would like to order in each corresponding box. For example, if you would like two 65mm-length GripLock Fingers (one for each index finger), note "1" each of the 65mm index boxes, as shown below:

LEFT HAND

Length	Index finger	Middle finger	Ring finger	Little finger
65 mm	Size: ____	Size: ____	Size: ____	Size: ____
70 mm	Size: ____	Size: ____	Size: ____	Size: ____
75 mm	Size: ____	Size: ____	Size: ____	Size: ____
80 mm	Size: ____	Size: ____	Size: ____	Size: ____
85 mm	Size: ____	Size: ____	Size: ____	Size: ____
90 mm	Size: ____	Size: ____	Size: ____	Size: ____

RIGHT HAND

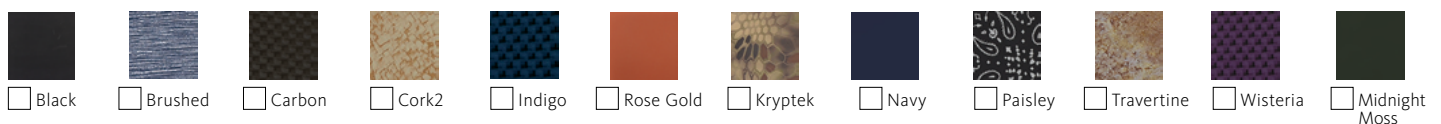
Length	Index finger	Middle finger	Ring finger	Little finger
65 mm	Size: ____	Size: ____	Size: ____	Size: ____
70 mm	Size: ____	Size: ____	Size: ____	Size: ____
75 mm	Size: ____	Size: ____	Size: ____	Size: ____
80 mm	Size: ____	Size: ____	Size: ____	Size: ____
85 mm	Size: ____	Size: ____	Size: ____	Size: ____
90 mm	Size: ____	Size: ____	Size: ____	Size: ____

Touch screen conductivity

Additional notes _____

III. STYLE

COLOUR (please mark selection) For visual help, please visit npdevices.com or use the demo kit.



IV. ALIGNMENT JIG

Please check this box if you want to order an additional alignment jig with this purchase.
 Notice: your first order of a GripLock Finger from Naked Prosthetics will include one alignment jig

Lamination Backplate
 Notice: Required for orders that include a MCPDriver.

IV. GUARANTEE

- Warranty extension by 1 year
- Warranty extension by 2 years