

WakeMed Rehab StepForward Referral Form

Return via fax: 919-350-8791 or email to: StepForward@wakemed.org

Please include demographic sheet with patient's name, address, and insurance information

Before beginning an intensive prosthetic therapy program, prosthesis should be well fitting with intact skin. Patient should have possession of their prosthesis and be compliant with a wear schedule. They should have attended follow-up visits with prosthetist to identify any fit issues and had necessary adjustments.

Referral for: Inpatient StepForward _____ Outpatient StepForward _____

Date of Referral: _____

Patient Name: _____ DOB: _____

Patient contact number: _____

Type of Amputation: _____ Date of prosthesis delivery: _____

K level: _____ Type of components: _____

of socks: _____ Wear schedule: _____

Type of suspension system: _____

Fit of the prosthesis (ill fitting?, any pressure points, pain, skin breakdown):

When will patient be ready to start prosthetic gait training program? _____

Prosthetist name and company: _____

Phone: _____ Email: _____

Comments: _____

Once referral is received, we will contact the patient to discuss the next steps of the process:

Appointment with rehab doctor

PT and OT evaluations

Insurance authorization

Thank you for referring your patient to WakeMed Rehab.