Children’s activity and sports prostheses

P2 Monitoring Form

Please complete the following fields for each child who receives an activity or sports prosthesis under this scheme, to allow us to monitor and evaluate. All forms and any queries should be sent to: [childprosthesis@dh.gsi.gov.uk](mailto:childprosthesis@dh.gsi.gov.uk)

|  |  |
| --- | --- |
| Child’s details | |
| **Your reference** (to ensure anonymity, we suggest the child’s name is not supplied, unless suitably anonymised – e.g. John H., Alice or through use of your own reference number). | |
|  | |
| Date of Birth |  |
| Gender |  |

|  |  |
| --- | --- |
| ****Ethnic monitoring**** | |
| **White** | |
| British |  |
| English |  |
| Welsh |  |
| Scottish |  |
| Northern Irish |  |
| Irish |  |
| Gypsy/Traveller |  |
| Any other white background |  |
| Prefer not to say |  |
| **Mixed/multiple ethnic groups** | |
| White and Black Caribbean |  |
| White and Black African |  |
| White and Asian |  |
| Any other mixed background |  |

|  |  |
| --- | --- |
| **Asian/Asian British** | |
| Indian |  |
| Pakistani |  |
| Bangladeshi |  |
| Chinese |  |
| Any other Asian Background |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Black/ African/ Caribbean/ Black British** | |
| African |  |
| Caribbean |  |
| Any other Black/African/ Caribbean background |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| **Other ethnic group** | |
| Arab |  |
| Any other ethnic group |  |
| Prefer not to say |  |

|  |  |
| --- | --- |
| Details of requester | |
| Name |  |
| Designation |  |
| DSC |  |
| Contact number |  |
| Limb Centre |  |
| Postal address |  |

|  |  |
| --- | --- |
| Relevant clinical history and present situation | |
| Brief details of limb loss or limb deficiency |  |
| Any other health/disability issues to note | Does the child have a special educational need or learning disability (for example)? |
| ****Prosthesis/prostheses requested****  Please provide details of the prosthesis/prostheses requested, including the name of the manufacturer.  Please confirm whether this relates to a new prosthesis or a request to fund out of warranty costs or an update.  Please indicate if the prosthesis/prostheses requested have been trialled with the child and what the outcomes were (e.g. ability to run / participate in the sport, 2-minute walk etc.). | |
|  | |

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| --- |
| Cost |
|  |
| Expected benefit to the child Please outline the expected benefit to the child of the proposed prosthesis/prostheses. |
|  |