



Coalition des amputés du Canada  
Amputee Coalition of Canada

## Planning a peer visit

*The following information is strictly confidential and must not be communicated to anyone under any circumstances. It is solely for use by the peer visitor to help plan the requested visit.*

**Name of the peer visitor :**

**Date of the visit :**

**Information : name of the person visited and place of the visit**

Name :

Address :  
(where visit is held)

Phone number :  
(for the visit)

Other pertinent information

Age :

M

F

Date of amputation :

### Type of amputation

#### Lower limb

#### Upper limb

- Right
- Left
- Bilateral
- N/A

- Foot
- Under the knee
- At the knee
- Above the knee
- Hip disarticulation

- Right
- Left
- Bilateral
- N/A

- Hand
- Under the elbow
- At the elbow
- Above the elbow
- Shoulder

Cause of amputation

- Diabetes
- Cancer
- Vascular
- Trauma
- Congenital
- Other \_\_\_\_\_