Certified Peer Visitor Report Form

Instructions: Please complete this CPV report form after every initial and follow-up peer visit conducted. CPVs can submit this form to the Amputee Coalition via email, mail, or fax. You may also complete an electronic version of this form located on our website or via the Amputee Coalition Support App. Our app can be downloaded from the Apple App Store and Google Play. It is also available as a web browser link: https://cpvapp.amputee-coalition.org. We appreciate our volunteers and the meaningful support that is provide to others along their limb loss and limb difference journey. Thank you for all you do in support of our important mission.

Peer Visitor:	Date of Peer Visit:
Peer Visitor Email:	Location of Peer Visit:
Referred by:	Visit Type: ☐ Initial ☐ Follow-up

New Visitee Information:

Name:	
Date of Amputation:	Approximate Age:
Gender: ☐ Male ☐ Female ☐ Other / Preferred Pronoun: ________	Ethnicity: ☐ Caucasian/White ☐ Black/African American ☐ Asian/Asian American ☐ Latino/Latina ☐ Native American ☐ Other ____
Address:	

City:	State:	Zip:

Phone:	Email:

Type of Amputation: (check all that apply)

☐ Above Elbow	☐ Finger(s)	☐ Hemipelvectomy	☐ Symes
☐ Above Knee	☐ Foot	☐ Hip Disarticulation	☐ Toe(s)
☐ Below Elbow	☐ Forequarter	☐ Knee Disarticulation	☐ Wrist Disarticulation
☐ Below Knee	☐ Hand	☐ Shoulder Disarticulation	☐ Other ____

Site of Amputation: (check all that apply)

☐ Left ☐ Right ☐ Bilateral ☐ Trimembral ☐ Quadrimembral

Cause of Amputation:

☐ Cancer ☐ Congenital ☐ Diabetes ☐ Disease-related ☐ Infection ☐ Sepsis ☐ Trauma ☐ Other ____

Assistive Devices:

☐ Cane ☐ Crutches ☐ Prosthetic User ☐ Scooter ☐ Walker ☐ Wheelchair ☐ None ☐ Other ____

Follow-Up Request: By Amputee Coalition ☐ Yes ☐ No By Peer Visitor ☐ Yes ☐ No

If yes, preferred method of contact: ☐ Email ☐ Mail ☐ Phone

Additional information (including specific information requested for follow-up):

All information is considered confidential. This information will be used by the Amputee Coalition to document the peer visit as well as to follow-up with Visitees interested in being contacted by the Amputee Coalition.

peersupport@amputee-coalition.org | Phone: 888/267-5669 | Fax: 865/525-7917
900 East Hill Avenue, Suite 390 | Knoxville, TN 37915

© Amputee Coalition 2020