



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 (preferred) or mail. 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: <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up	
New Visitee Information:			
Name:			
Date of Amputation:		Approximate Age:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other / Preferred Pronoun: _____		Ethnicity: <input type="checkbox"/> Caucasian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian/Asian American <input type="checkbox"/> Latino/Latina <input type="checkbox"/> Native American <input type="checkbox"/> Other _____	
Address:			
City:		State:	Zip:
Phone:		Email:	
Type of Amputation: (check all that apply)			
<input type="checkbox"/> Above Elbow	<input type="checkbox"/> Finger(s)	<input type="checkbox"/> Hemipelvectomy	<input type="checkbox"/> Symes
<input type="checkbox"/> Above Knee	<input type="checkbox"/> Foot	<input type="checkbox"/> Hip Disarticulation	<input type="checkbox"/> Toe(s)
<input type="checkbox"/> Below Elbow	<input type="checkbox"/> Forequarter	<input type="checkbox"/> Knee Disarticulation	<input type="checkbox"/> Wrist Disarticulation
<input type="checkbox"/> Below Knee	<input type="checkbox"/> Hand	<input type="checkbox"/> Shoulder Disarticulation	<input type="checkbox"/> Other _____
Site of Amputation: (check all that apply)			
<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Bilateral <input type="checkbox"/> Trimembral <input type="checkbox"/> Quadrimembral			
Cause of Amputation:			
<input type="checkbox"/> Cancer <input type="checkbox"/> Congenital <input type="checkbox"/> Diabetes <input type="checkbox"/> Disease-related <input type="checkbox"/> Infection <input type="checkbox"/> Sepsis <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____			
Assistive Devices:			
<input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Prosthetic User <input type="checkbox"/> Scooter <input type="checkbox"/> Walker <input type="checkbox"/> Wheelchair <input type="checkbox"/> None <input type="checkbox"/> Other _____			
Follow-Up Request: By Amputee Coalition <input type="checkbox"/> Yes <input type="checkbox"/> No By Peer Visitor <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, preferred method of contact: <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> 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
601 Pennsylvania Avenue NW, Suite 420 South Building, Washington, DC 20004