ODSTOCK MEDICAL LIMITED National Clinical FES Centre - Salisbury Quality Form August 2010

Clinical Care Pathway; O2CHS

Patient Details Front Sheet

	Address (Attach label if available)
Name	
DOB	
Contact telephone numbers;	Emergency contact details;
Home	Name
Work	Contact number
Mobile	Relationship to patient
GP details	Referring doctor? Y N
Name;	Practice address;
Telephone number;	
Consultant details	Referring doctor? Y N
Name;	Address;
Telephone number (if known);	
Details of other professionals to be copied in	to correspondence
Changes to medication (give dose where known	own) since Initial assessment
Primary Diagnosis:	
Date of First Set-up	
Initial Outcome measures: NS Spee	ed: NS Borg RPE:



Odstock Medical Limited

National FES Centre Salisbury District Hospital Salisbury Wiltshire SP2 8BJ Tel: +44 (0) 1722 429065 Fax: 44 (0) 1722 425623 Enquiries @odstockmedical.com www.odstockmedical.com

UK

Patient Contract

1.	I agree that staff employ Salisbury District Hospital,	•			edical Ltd	
			Patier	nt/carer initial		
2.	I understand that my equipment remains the property of the FES Centre and I agree to reture it when I am no longer receiving treatment from the FES Centre.					
			Patier	nt/carer initial		
3.	Should I find that I am una the earliest opportunity. I without letting the FES equipment.	understand that sh	nould I fail to atte	nd 2 or more app	ointments	
			Patier	nt/carer initial		
4.	I am aware that should I reason agreed with my cl	_	•	•		
			Patier	nt/carer initial		
5.	I understand that should I for its value.	ail to return my equ	ipment after being	discharged I will b	e charged	
			Patier	nt/carer initial		
	Patient/ carer sign		Print	Date.		
	Clinician sign		Print	Date	······································	
	Equipment Type	O2 CHS	Other	Other		
	Serial Number					
	Instructions Supplied					
	Signature of User					
	Signature of Clinician					
	Date Equipment Returned]	
	Name and Signature (received by):					

PICTURE OF PATIENT

Odstock Medical Limited

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VIDEO and PHOTOGRAPHIC CONSENT FORM

In the course of your treatment at the National Clinical FES Centre it may be useful to use video or still photography to record your condition or performance. This may be for 3 reasons:

- 1. To record your present condition so a comparison can be made at a later date to monitor your progress.
- 2. To illustrate the type of treatment you are receiving for the purpose of teaching other clinicians.
- 3. To illustrate the type of treatment you are receiving for the purpose of promoting FES.

If the video or photograph can be taken without revealing your identity by showing your face, this will be done. However, this is not always possible and it may be that you might be recognisable. You do not have to give your permission to be videoed or photographed and refusal will not affect your treatment at Salisbury District Hospital in any way.

Please initial the items to which you give consent

1.	I confirm that I have read and understand the above and have had the opportunity to ask questions.	
2.	I understand that my participation is voluntary and that I am free to withdraw at any time,	
	without giving any reason, without my medical care or legal rights being affected	
3.	I understand that I may be recognisable from the video recording or photography	
4.	I give my permission for video recordings or photography to be used to monitor my treatment.	
5.	I give my permission to use video recordings or photography for educational purpose	
6.	I give my permission to use video recordings or photography for promotional purposes	
Pati	ient/carer signDateDate	
Clin	ician signDateDate	

O2CHS SET UP			Date:
Patient name		Clinician sign	
DOB			Print name
		el if available	
			Designation
Treated side:	Clinician	Not	
Bilateral L R	Initial	required	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Implied consent			DOWN
Changes to patient details recorded on front sheet			FREQ TIME EXT * RMP * RMP CRT
Procedure for donning and doffing			5 6 7 8 Channel 1 Channel 2
Test procedure			Down Charmer 2
Electrode positioning			
Skin care			DELAY TIME EXT ↑ RMP ↓ RMP CRT
F/S positioning and insertion			ASYM
Written / photographic			Blue dials White dials
instructions issued			Dide dials - Write dials -
Precautions given			CHANNEL 1
Skin checked on day 1			CHANNEL 2
Skin checked on day 2			Common peroneal Common peroneal
Skin irritation form completed			nerve per orea
Electrode positions			
found/recorded			
Stimulation parameters			
set/recorded			
Consent forms completed and			Fibula bone
COPY of contract given to pt			F/S position:
Photo taken of pt			
GAS and VAS form completed			Ω
10 metre walks completed Pt Handling Profile completed			
CONSUMABLES I	SSHED		(1-1)
	OOOLD		
Electrodes (no. + type) Blue Pals 50 x 50 Other			
Footswitch		Great Ton Ton	
Electrode leads (length)			
Footswitch leads (length)			
Insoles (size + side)			\ \\(\)\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Accessories: Urisleeve	Linen ba	ıg)}{() } }{
		· 	

O2CHS SET UP		Date:	
Patient name		Clinician sign Print name	
10 METRE WALK	(state	Designatione reason if not comple	
TO WILLING WALK	Time	Speed m/s	Borg RPE
Walk1 (no FES)	Time	Эреей П/3	Borg KFL
Walk 2 (no FES)			
Walk 3 (Ch1)			
Walk 4 (Ch1 and Ch 2)			
Walk 5 (no FES)			
Change with Channel 1 of	only (Orthotic effect)	%	Absolute value e.g. +/- 2
Change with Ch 1 and C	h 2 (Orthotic effect)	%	Absolute value e.g. +/- 2
Pt's perception of benefits using FES:			
		WALKING AID:	UNAIDED:□

O2CHS SET UP	Date:			
Patient name	Clinician sign			
DOB	Print name			
(Attach label if available)	Designation			
Cool Attainment Scole (CAS)				

Goal Attainment Scale (GAS)

Much more than expected (+2)		
More than expected (+1)		
Most likely outcome (0)		
Less than expected outcome (-1) (START)		
Much less than expected (-2)		
<u>Timescale</u>		
Sign, print and date:		
Review Date and level achieved		

TOTAL GAS SCORE(use table	TOTAL GAS SCORE:	(use table
---------------------------	------------------	------------

- At the -1 level insert patient's current ability/symptom
- At the 0 level insert the most likely level of improvement
- At +1 and +2 write even further improvements and at -2 if things got worse
- Aim to set one functional goal with patient
- Use the Visual Analogue Scale to identify 2 other subjective symptoms you hope will improve with FES treatment
- Setting goals to be achieved at 18weeks is normally best

O2CHS SET UP	Date:
Patient name DOB (Attach label if available)	Clinician sign
(Allacii label il avallable)	Designation

Visual Analogue Scale (VAS)

Use a blank Visual Analogue Scale when asking patients to rate their symptoms.

When recording here circle number, state with or without FES and date

		Highest quality of life	Highest fear of falling
10	10	10	10
9	9	9	9
8	8	8	8
7	7	7	7
6	6	6	6
5	5	5	5
4	4	4	4
3	3	3	3
2	2	2	2
1	1	1	1
0	0	0	0
		Lowest quality of life	No fear of falling

At beginning of treatment: Select a couple of subjective symptoms and use the Visual Analogue Scale to rate their perception of those symptoms WITHOUT FES. e.g confidence walking, muscle tightness, pain, frequency of trips/falls. ALSO ask them to rate the 2 set measures of quality of life and fear of falling.

At follow-up appointments ask them how they rate these symptoms WITH FES (do not tell them what they scored at the beginning of treatment WITHOUT FES).

O2CHS Treatment stage:			Date:
Patient name			Clinician sign
DOB			Print name
	tach label if	available)	
			Designation
Treated side:	Clinician	Not	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
Bilateral L R	Initial	required	DOWN
Implied consent Changes to patient details			
recorded on front sheet			FREQ TIME EXT * RMP * RMP CRT
Procedure for donning and			5 6 7 8 Channel 1
doffing			Channel 2
Test procedure			
Electrode positioning			DELAY TIME EXT ↑ RMP ↓ RMP CRT
Skin care			ASYM
Leads checked			Blue dials □ White dials □
F/S positioning and insertion			
Written / photographic			CHANNEL 1
instructions issued			CHANNEL 2
Precautions given			Common peroneal Common
Skin checked			nerve
Skin irritation form completed			
Electrode positions found/recorded			The state of the s
Stimulation parameters			
set/recorded			Fibula
VAS discussed			bone
10 metre walks completed			F/S position:
Patient Handling Profile			_
completed			()
CONSUMABLES	ISSUED		
Electrodes (no. + type)			(1-a-1)
Blue Pals 50 x 50 Other	er		18-41 11 11
Footswitch			
Electrode leads (length)			Gun wir row with
Footswitch leads (length)			
Insoles (size + side)			
Accessories: Urisleeve	Linen	bag	\ '/(' / \ \ \ \ / /
)}(\

O2CHS	Treatr	nent stage	:	Date:	
Patient name				Clinician sign	
DOB				Print name	
		(Attach label if	available)		
10 METRE	WALK		(state	Designationreason if not comple	
		Time	(0.0.00)	Speed m/s	Borg RPE
Walk1 (no FE	S)				Ü
Walk 2 (no FE					
Walk 3 (Ch1)				
Walk 4 (Ch1 a	and Ch 2)				
Walk 5 (no FE	S)				
Change with 0	Channel 1	only (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change with 0	Ch 1 and C	Ch 2 (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change since	1 st assess	sment (NS)		%	Absolute value e.g. +/- 2
Pt's perception of benefits using FES:					
	_	ence in walking			
*/10 no FES , */10					
Frequency of FES use:					
			W	'ALKING AID:	UNAIDED:□
					Quality of life:/10
					Fear of falling:/10
				(DOII	n to be quoted with FES)

O2CHS Treatmer	nt stage	e:	Date:		
Patient name			Clinician sign		
DOB			Print name		
(Ai	ttach label it	f available)	Destruction		
			Designation		
Treated side: Bilateral L R	Clinician Initial	Not required	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Implied consent	IIIIII	required	DOWN		
Changes to patient details					
recorded on front sheet			FREQ TIME EXT ↑RMP ↓RMP CRT 5 6 7 8 Channel 1		
Procedure for donning and			Transport of the second of the		
doffing			DOWN CHARLET 2		
Test procedure			DELAY TIME EXT ↑RMP ↓RMP CRT		
Electrode positioning			SYM		
Skin care			ASYM		
Leads checked			Blue dials □ ÉWhite dials □		
F/S positioning and insertion			CHANNEL 1		
Written / photographic instructions issued					
Precautions given			CHANNEL 2		
Skin checked			Common peroneal nerve		
Skin irritation form completed					
Electrode positions					
found/recorded					
Stimulation parameters					
set/recorded			Fibula bone		
GAS and VAS form completed			F/S position:		
10 metre walks completed					
Patient Handling Profile			Ω		
completed					
CONSUMABLES	ISSUED		(1-1)		
Electrodes (no. + type)			1) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Blue Pals 50 x 50 Other					
Footswitch			Chief () Car Gary		
Electrode leads (length)			400 / 400 / 1		
Footswitch leads (length)					
Insoles (size + side)			\ \/(') \\ \\ \/		
Accessories: Urisleeve	Linen	bag	J }}(); (

O2CHS	Treatm	ent stage:		Date:	
Patient name.				Clinician sign	
DOB				Print name	
		(Attach label if	^f available)	Designation	
			(state r	eason if not complet	
		Time		Speed m/s	Borg RPE
Walk1 (no FE	ES)				
Walk 2 (no F	ES)				
Walk 3 (Ch1.)				
Walk 4 (Ch1	and Ch 2)				
Walk 5 (no F	ES)				
Change with Channel 1 only (Orthotic effect		ect)	%	Absolute value e.g. +/- 2	
Change with Ch 1 and Ch 2 (Orthotic effect			ct)	%	Absolute value e.g. +/- 2
Change since 1 st assessment (NS)				%	Absolute value e.g. +/- 2
Pt's perception	on of benefit	s using FES:			
	. =	nce in walking			
*/10 no FES, */					
Frequency of	res use:				
			WA	LKING AID:	UNAIDED:□
					Quality of life:/10
					ear of falling:/10
				(Both t	o be quoted with FES)
				REME	EMBER GAS form 18/52

O2CHS Treatment stage:			Date:		
Patient name			Clinician sign		
DOB			Print name		
	ttach label i	f available)			
			Designation		
Treated side:	Clinician	Not	1 2 3 4 Please mark the		
Bilateral L R Implied consent	Initial	required	$\begin{array}{c c} \text{UP} & \text{In } & \text{Positions of the } \\ \hline & \text{Positions of the } \\ \hline & \text{Controls} \\ \end{array}$		
Changes to patient details recorded on front sheet			FREQ TIME EXT * RMP * RMP CRT		
Procedure for donning and doffing			5 6 7 8 Channel 1 1 F - 1 UP DOWN Channel 2		
Test procedure					
Electrode positioning			DELAY TIME EXT ↑RMP ↓RMP CRT SYM		
Skin care			ASYM		
Leads checked F/S positioning and insertion			Blue dials □ White dials □		
Written / photographic		<u> </u>			
instructions issued			CHANNEL 1		
Precautions given			CHANNEL 2		
Skin checked			Common peroneal peroneal peroneal peroneal peroneal peroneal perone		
Skin irritation form completed			The same of the sa		
Electrode positions found/recorded					
Stimulation parameters set/recorded					
VAS discussed			Fibula bone		
10 metre walks completed			F/S position:		
Patient Handling Profile					
completed	1001/22		()		
CONSUMABLES	ISSUED				
Electrodes (no. + type)	or.		(1-,-1)		
Blue Pals 50 x 50 Other	;		18:41 11 11		
Electrode leads (length)					
Footswitch leads (length)			Church Line Grow Just		
Insoles (size + side)					
Accessories: Urisleeve	Linen	bag			
		<u> </u>			

O2CHS	Treatr	nent stage	•	Date:	
Patient name				Clinician sign	
DOB				Print name	
		(Attach label if	available)	Designation	
			(state	reason if not comple	
		Time		Speed m/s	Borg RPE
Walk1 (no FE	S)				
Walk 2 (no FE	S)				
Walk 3 (Ch1)				
Walk 4 (Ch1 a	and Ch 2)				
Walk 5 (no FE	S)				
Change with 0	Channel 1	only (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change with 0	Ch 1 and C	Ch 2 (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change since	1 st assess	sment (NS)		%	Absolute value e.g. +/- 2
Pt's perceptio	n of benefi	ts using FES:			
		ence in walking			
*/10 no FES, */10					
Frequency of	FES use:				
			W	'ALKING AID:	UNAIDED:□
					Quality of life:/10
					Fear of falling:/10
				(Bot	h to be quoted with FES)

O2CHS Treatment stage:			Date:		
Patient name DOB(Attach label if available)		available)	Clinician sign		
			Designation		
Treated side: Bilateral L R	Clinician Initial	Not required	$\begin{array}{c ccccccccccccccccccccccccccccccccccc$		
Implied consent Changes to patient details recorded on front sheet			FREQ TIME EXT * RMP * RMP CRT 5 6 7 8 Channel 1		
Procedure for donning and doffing Test procedure			5 6 7 8 Channel 1 The state of		
•	 	 			
Electrode positioning Skin care			DELAY TIME EXT ↑ RMP ↓ RMP CRT		
Leads checked			ASYM 1 2		
F/S positioning and insertion			Blue dials □		
Written / photographic			CHANNEL 1		
instructions issued					
Precautions given			CHANNEL 2		
Skin checked			Common peroneal peroneal nerve		
Skin irritation form completed					
Electrode positions found/recorded			The state of the s		
Stimulation parameters					
set/recorded	 		Fibula bone		
VAS discussed	 	 	F/S position:		
10 metre walks completed Patient Handling Profile		 	1 /O position		
completed		Į	\cap		
CONSUMABLES	ISSUED				
Electrodes (no. + type) Blue Pals 50 x 50 Othe					
Footswitch					
Electrode leads (length)			Gun Gun Francisco		
Footswitch leads (length)					
Insoles (size + side)					
Accessories: Urisleeve	Linen I	bag	\'\\'\		
			20		

O2CHS	Treatr	nent stage	:	Date:	
Patient name				Clinician sign	
DOB				Print name	
		(Attach label if	available)	Designation	
10 METRE WALK (state			Designationreason if not complete		
		Time	Ť	Speed m/s	Borg RPE
Walk1 (no FE	S)				
Walk 2 (no FE	S)				
Walk 3 (Ch1)				
Walk 4 (Ch1 a	and Ch 2)				
Walk 5 (no FE	S)				
Change with 0	Channel 1	only (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change with 0	Ch 1 and C	Ch 2 (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change since	1 st assess	sment (NS)		%	Absolute value e.g. +/- 2
Pt's perceptio	n of benefi	its using FES:			-
		ence in walking			
*/10 no FES , */10					
Frequency of	FES use:				
			W	ALKING AID:	UNAIDED:□
				Standard VAS:	Quality of life:/10
					Fear of falling:/10
				(Both	n to be quoted with FES)

O2CHS Treatment stage:			Date:		
Patient name			Clinician sign		
DOB					
(Attach label if available)		available)	Print name		
		,	Designation		
Treated side:	Clinician	Not	1 2 3 4 Please mark the		
Bilateral L R	Initial	required	UP I F Cit A N Positions of the controls		
Implied consent			DOWN		
Changes to patient details recorded on front sheet			FREQ TIME EXT * RMP * RMP CRT		
Procedure for donning and			5 6 7 8 Channel 1 1 F → 1 UP Channel 2		
doffing Test procedure			DOWN CHAINE 2		
Electrode positioning			DELAY TIME EXT ↑ RMP ↓ RMP CRT		
Skin care			SYM		
Leads checked			ASYM 1 2		
F/S positioning and insertion			Blue dials □ White dials □		
Written / photographic			CHANNEL 1		
instructions issued			CHANNEL 2		
Precautions given					
Skin checked			Common peroneal nerve		
Skin irritation form completed					
Electrode positions found/recorded					
Stimulation parameters					
set/recorded					
VAS discussed			Fibula bone		
10 metre walks completed			F/S position:		
Patient Handling Profile					
completed					
CONSUMABLES	ISSUED				
Electrodes (no. + type)			(11)		
Blue Pals 50 x 50 Other	er		11/2/1/2/		
Footswitch					
Electrode leads (length)			Cheen land		
Footswitch leads (length)					
Insoles (size + side) Accessories: Urisleeve	Linen	had			
Accessories. Utisieeve	LITIETT	bay	\'(\')		
			20		

O2CHS	Treatr	nent stage	•	Date:	
Patient name				Clinician sign	
DOB				Print name	
		(Attach label if	available)	Designation	
10 METRE WALK (state			(state	Designationreason if not comple	
		Time		Speed m/s	Borg RPE
Walk1 (no FE	S)				
Walk 2 (no FE	S)				
Walk 3 (Ch1)				
Walk 4 (Ch1 a	and Ch 2)				
Walk 5 (no FE	S)				
Change with 0	Channel 1	only (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change with 0	Ch 1 and C	Ch 2 (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change since	1 st assess	sment (NS)		%	Absolute value e.g. +/- 2
Pt's perceptio	n of benefi	ts using FES:			
		ence in walking			
*/10 no FES, */10					
Frequency of	FES use:				
			W	ALKING AID:	UNAIDED:□
				Standard VAS:	Quality of life:/10
					Fear of falling:/10
				(Both	n to be quoted with FES)

O2CHS Treatment stage:			Date:		
Patient name			Clinician sign		
DOB			Print name		
	ttach label if	^f available)			
-	0		Designation		
Treated side:	Clinician	Not	1 2 3 4 Please mark the		
Bilateral L R	Initial	required	Positions of the controls		
Implied consent Changes to patient details	-		DOWN		
recorded on front sheet			FREQ TIME EXT ↑ RMP ↓ RMP CRT		
Procedure for donning and			5 6 7 8 Channel 1		
doffing			Channel 2		
Test procedure					
Electrode positioning			DELAY TIME EXT ↑ RMP ↓ RMP CRT		
Skin care					
Leads checked		<u></u>	ASYM 1 2		
F/S positioning and insertion	<u> </u>	<u> </u>	Blue dials White dials		
Written / photographic			CHANNEL 1		
Instructions issued			CHANNEL 2		
Precautions given		<u> </u>			
Skin checked			Common peroneal nerve		
Skin irritation form completed		<u> </u>			
Electrode positions found/recorded					
Stimulation parameters	 	 			
set/recorded					
VAS discussed			Fibula 5		
10 metre walks completed			F/S position:		
Patient Handling Profile					
completed			Ω		
CONSUMABLES	ISSUED				
Electrodes (no. + type)			(11)		
Blue Pals 50 x 50 Othe	<u>:r</u>				
Footswitch					
Electrode leads (length)			Gual Y Just Gam		
Footswitch leads (length)					
Insoles (size + side)					
Accessories: Urisleeve	Linen	bag	1		
			UU 20		

O2CHS	Treatr	ment stage	•	Date:	
Patient name				Clinician sign	
DOB				Print name	
		(Attach label if	available)	Designation	
10 METRE WALK (st			(state	reason if not complet	
		Time		Speed m/s	Borg RPE
Walk1 (no FE	S)				
Walk 2 (no FE	S)				
Walk 3 (Ch1)				
Walk 4 (Ch1 a	and Ch 2)				
Walk 5 (no FE	S)				
Change with 0	Channel 1	only (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change with 0	Ch 1 and C	Ch 2 (Orthotic effe	ect)	%	Absolute value e.g. +/- 2
Change since	1 st assess	sment (NS)		%	Absolute value e.g. +/- 2
Pt's perceptio	n of benefi	its using FES:			
		ence in walking			
*/10 no FES , */10					
Frequency of	FES use:				
			W	ALKING AID:	UNAIDED:□
				Standard VAS:	Quality of life:/10
					Fear of falling:/10
				(Both	to be quoted with FES)

Patient Handling Profile

Patient's name DOB					
Handling Considera	ations	Mental status/comprehension	on:		
Height:		Pain:			
Weight:		Motor deficit:			
Eyesight: Skin integrity:					
Hearing: Falls history:					
<u>Transfer</u>	Independent	Requires Assistance		Additional Aids	
Sitting to standing		Handling belt plus 1 person			
		Handling belt plus 2 people			
Bed/chair to chair		Handling belt plus 1 person, step around			
		Handling belt plus 2 people, step around			
		Hoist			
Walking		Handling belt plus one person			
walking		Handling belt plus 2 people			
Name		_Signature			
DesignationDate of assessment					

Patient Handling Profile Amendments

Patient's name DOB	Patient's name		<u>DOB</u>			
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Date of amendment	Task amended	Reason for change	New recommendation	Name / signature / designation

Discharge Summary O2 CHS

2. WI	hen was the use of the stimulator disc	continued?				
Ple Ple a.	by we a traction and atomic all					
	hy was treatment stopped? ease put crosses by any response that ease ring the most important reason.	at was relevant.				
b.	The stimulator did not help the us	sers walking.				
	The equipment was unreliable.					
C.	Problems with skin allergy to the	Problems with skin allergy to the electrodes.				
d.	Problems finding the correct electrode positions.					
e.	The equipment was too difficult to use.					
f.	The equipment was too much bo	The equipment was too much bother to use.				
g.	The equipment was cosmetically unacceptable.					
h.	The user's mobility improved so they no longer needed the stimulator.					
i.	The user's mobility deteriorated so was no longer able to use the stimulator. The stimulation was too painful. The stimulator caused an increase in spasticity.					
j.						
k.						
l.	Autonomic dysreflexia					
m.	Death. Cause:					
n.	Lost to follow up					
0.	Unrelated medical complication. Please specify.					
p.	Other reasons, please specify.					
q.	Discharged to a local clinic, pleas	se specify.				
3. Ec	quipment returned? Y / N	Di	scharged? Y / N			

Continuation Sheet

Patient name:	Clinician sign, print and date for each entr
DOB:	Ollincian sign, print and date for each end

For FES Research information:

The National Clinical FES Centre Salisbury District Hospital Salisbury Wiltshire SP2 8BJ United Kingdom

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Email: enquiries@salisburyfes.com

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Barry Bull (Chairman) Philip Casson (CEO) Malcolm Cassells (Director) Ian Swain (Clinical Director)

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