

# Patient Record



**Therapist  
Support  
Laboratory**

PO Box 1022  
Collingwood, Victoria, 3066  
Tel: 03 9421 2880  
Fax: 03 9421 1335  
Website: [www.tsลาustralia.com.au](http://www.tsลาustralia.com.au)  
Email: [tsl@tsลาustralia.com.au](mailto:tsl@tsลาustralia.com.au)

**Date** \_\_\_\_\_

## Patient Details

M  F

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

Diagnosis \_\_\_\_\_ DOB \_\_\_\_\_

## Payment Details

Hospital \_\_\_\_\_ Order No. \_\_\_\_\_

Dr/Surgeon \_\_\_\_\_ OT/Physio \_\_\_\_\_

## Private

Credit Card  
Name on Card \_\_\_\_\_

No: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Exp: \_\_\_\_ / \_\_\_\_

## Insurance Details

Insurance Company \_\_\_\_\_

Claim No. \_\_\_\_\_

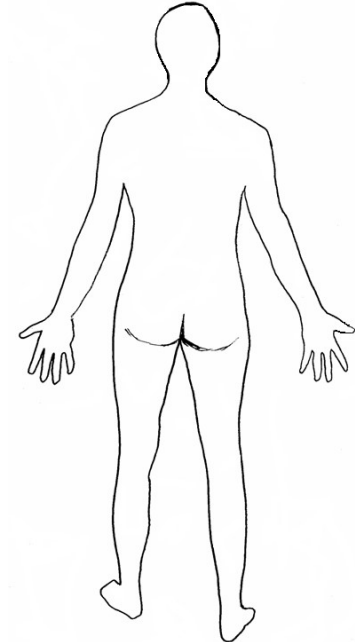
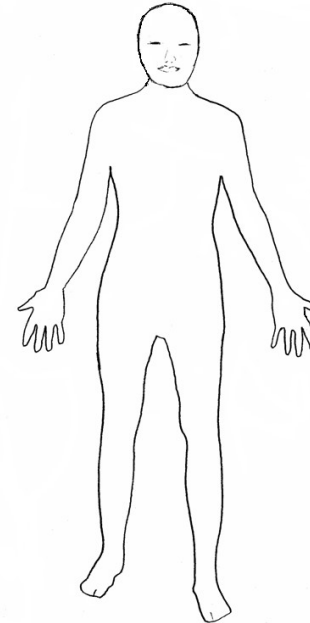
Case Manager \_\_\_\_\_

Contact No. \_\_\_\_\_

Contact Email \_\_\_\_\_

Employers Name \_\_\_\_\_

Date of Injury \_\_\_\_\_



For burn patients  
**ONLY**  
indicate areas  
affected by burn and  
skin grafts

## Additional Comments

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Delivery Address

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# LEG MEASUREMENTS - 5A



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## Thigh End

Left	Centimetres	Right
	80	
	76	
	72	
	68	
	64	
	60	
	56	
	52	
	48	
	44	
	40	
	36	
	32	
	28	
	24	
	20	
	16	
	12	
	8	
	4	
	<b>HEEL</b>	
	-4	
	-8	
	-12	
	-16	
Left	Centimetres	Right

## Foot End

Class 1 (20-30 mmHg)

Class 2 (30-40 mmHg)

Patient Name \_\_\_\_\_

OT/Physio name \_\_\_\_\_

Diagnosis \_\_\_\_\_

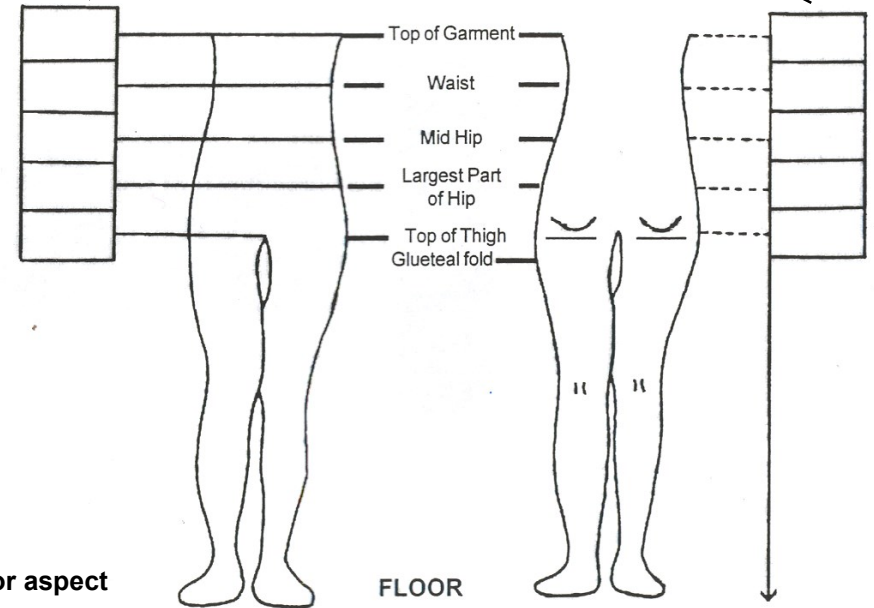
Date \_\_\_\_\_  **M**  **F** **Age** \_\_\_\_\_

Girth measurement for waist height garments—Hold the measuring tape at front of waist and bring it between the legs and stop at centre back.

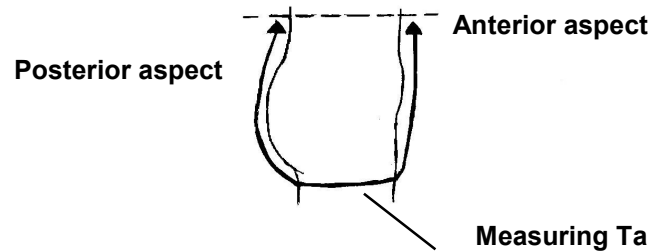
**Girth = \_\_\_ cm**

### CIRCUMFERENCES

### LENGTHS



Top of Garment



All lengths are taken from the floor up



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Garment Descriptions	Qty Left	Qty Right	Item No.
Anklet			5001
Knee Length			5002
Thigh Length			5003
Thigh Length (waist attachment)			5004
Thigh Length two legs (waist attachment)			5005
Panty brief <b>OP/CP</b>			5006
Tights Above Knee <b>OP/CP</b>			5007
Tights 1 Long Leg, 1 Above Knee <b>OP/CP</b>			5008
Tights 2 Long Legs <b>OP/CP</b>			5009

## LOWER EXTREMITY MEASUREMENTS - 5B

Patient Name \_\_\_\_\_

OT/Physio name \_\_\_\_\_

Diagnosis \_\_\_\_\_

Date \_\_\_\_\_

Garment Specifications	OP - Open Pubis	CP - Closed Pubis	
Diamond Shape Contracture			6038
Lycra female pubis closed			
Powernet female pubis closed			
Lycra male pubis closed Y Front			7008
Powernet male pubis closed Y Front			7008
Lining heel <input type="checkbox"/> Reinforced heel <input type="checkbox"/>			6005
Lining dorsum of ankle			6007
Lining knee ( Indicate tape position)			6008
Soft toe piece			6014
Self contained toe			6015
Decreased pressure panel			6019
Increased pressure panel			6018
Suspenders Att/Det			6016
Zipper under 25 cm ( indicate position)			6010
Zipper over 25 cm (indicate position)			6011
Padding/Lining under zipper under 25cm			6010L
Padding/Lining under zipper over 25cm			6011L
Lining (indicate position)			6001
Velcro tabs (indicate position)			6012
Silon Tex Lining Indicate Position			60241
Contracture seam			6000

### OTHER REQUIREMENTS NOT LISTED

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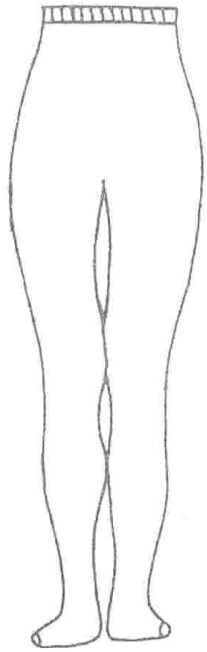
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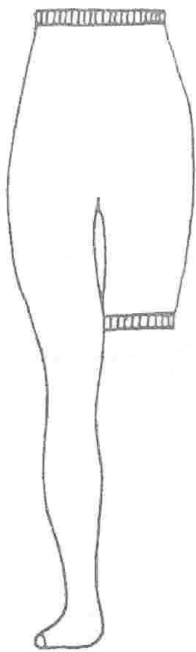
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**Enclosed Toes  
 MUST be accompanied by Hand/ Foot Outline Form**

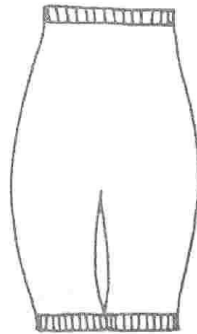
# GARMENT DESCRIPTION



5009  
Tights with  
two long legs



5008  
Tights with one  
long leg and one  
above knee leg



5007  
Tights above  
knee



5006  
Pant Brief



5005  
Thigh Length  
two legs  
(waist attachment)



5004  
Thigh Length  
one leg  
(waist attachment)



5003  
Thigh  
Length



5002  
Knee  
Length



5001  
Anklet