CONFIDENTIAL

PATIENT DETAILS FORM

email: orders@secondskin.com.au

PATIENT DETAILS					
Date		Order:	New Order ◯	Reorder ◯	
Patient: (Surname)		Given Name:			
Preferred Name:		Pronoun:			
Date of Birth:		Gender:			
Street Address:					
Suburb:		City:		Post Code:	
State:		Country:			
Patient Phone No:		Other:			
Patient Email:					

HOSPITAL DETAILS					
Street Address:					
Suburb:		City:		Post Code:	
Therapist Name:		Department:			
Therapist Phone No:		Pager No:			
Therapist Email:					
Photos Sent via:	Online portal (preferred) ◯	Email ◯	Unable to provide ◯		

FUNDING BODY	If funding is through **NDIS** please complete our service agreement.		
Company:		Company Email:	
Case Manager:		Case Mgr Email:	
Claim No:		Phone No:	

GARMENTS REQ'D:			
Email quote to:		Cc Email:	
Email invoice to:		PO No:	
Shipping details:	Therapist address as above ◯	Patient address as above ◯	
Or Other:			
Date required by:		**or** standard turn around, 5-7 working days* ◯	

***Second Skin will always endeavor to supply this order by the date you require.**
Please keep in mind that delivery is subject to freight times and the receipt of written funding approval or order queries.

Prescription Form

Bariatric ALL IN ONE - Tights

(Page 1 of 4)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

CONFIDENTIAL

Diagnosis:

- ◯ Burns
- ◯ Lymphoedema
- ◯ Trauma
- ◯ Venous Insufficiency
- ◯ Neuropathic Pain
- ◯ Other

Colour: (Powersoft available Dark & Black only)

- ◯ Light
- ◯ Dark
- ◯ Black

Stitching:

- ◯ Purple
- ◯ Green
- ◯ Pink
- ◯ Blue
- ◯ Yellow
- ◯ White
- ◯ Red
- ◯ Orange
- ◯ Black
- ◯ Match base fabric

PERSONALISATION - FABRIC TRIM

Your choice matters. Please choose your trim via the QR Code

◯ Trim selected via QR Code

Fabric Trim Selection

Your choice matters. If not using link record code here.

Please choose carefully as garments cannot be exchanged/returned for change of mind or incorrect choice

STYLE	
Two leg	◯
One-and-a-half leg	◯
Short legs to above knee	◯

FABRIC	
Powernet	◯
Powersoft	◯
Shimmer	◯
Single Hydrophobic	◯
Double Hydrophobic	◯

HYDRO LINING	
Hydro lining to whole garment	◯

FLAP / STUMP	L	R
Lower limb flap	◯	◯
Lower limb stump	◯	◯

CROTCH	
Open	◯
Closed - **no 3d shaping front** crotch	◯
Closed - **includes 3d shaping front**	◯
Fly front - **includes 3d shaping front**	◯

LEG LENGTHS	L	R
Above knee	◯	◯
Ankle length	◯	◯
Including feet	◯	◯

KNEE GUSSET	L	R
Posterior knee gusset: Shimmer	◯	◯
Knee flexion gusset: All Shimmer	◯	◯
All single Hydrophobic	◯	◯
All double Hydrophobic	◯	◯
Powernet anterior & shimmer posterior	◯	◯
Powersoft anterior & shimmer posterior	◯	◯

KNEE HYDROPHOBIC LINING	L	R
Anterior	◯	◯
Posterior	◯	◯
Circumferential	◯	◯

ANKLE / CALF SEAM	L	R
Centre front vertical seam (preferred)	◯	◯
Ankle crease seam	◯	◯

DORSAL ANKLE GUSSET	L	R
Shimmer	◯	◯
Powernet	◯	◯
Powersoft	◯	◯
ADD: Hydrophobic lining	◯	◯
Single Hydrophobic	◯	◯
Double Hydrophobic	◯	◯

TOES	L	R
Open toe	◯	◯
Closed toe	◯	◯
Big toe separate	◯	◯
Foot glove (includes slant gussets)	◯	◯
Single Hydro toe cap	◯	◯
Double Hydro toe cap	◯	◯
Shimmer toe cap	◯	◯
Stirrups	◯	◯

ZIPS - LOWER BODY	L	R
None in legs	◯	◯
Waist to mid thigh	◯	◯
Nappy zip (children only)	◯	◯
Full length curved into foot	◯	◯
Below knee		
Posterior straight medial to ankle	◯	◯
Posterior straight lateral to ankle	◯	◯
Straight lateral to ankle	◯	◯

ZIPS - LOWER BODY continued	L	R
Curved medial into foot	◯	◯
Curved lateral into foot	◯	◯

DRESSING ASSIST	L	R
Zip tab - (state quanity 1-4)		
Location:		
Zip loopers	◯	◯
Leather assist	◯	◯

HYDROPHOBIC LINING SECTIONS DOES NOT APPLY IF FULLY LINED	L	R
Front brief section	◯	◯
Back brief section	◯	◯
Upper anterior leg	◯	◯
Upper posterior leg	◯	◯
Upper lateral side	◯	◯
Upper medial side	◯	◯
Lower anterior leg	◯	◯
Lower posterior leg	◯	◯
Lower lateral side	◯	◯
Lower medial side	◯	◯
Dorsum of foot	◯	◯
Sole	◯	◯

REINFORCING FABRIC	L	R
Powernet	◯	◯
Shimmer	◯	◯
Powersoft	◯	◯

REINFORCING LOCATION	L	R
Front brief section	◯	◯
Back brief section	◯	◯
Upper anterior leg	◯	◯
Upper posterior leg	◯	◯
Upper lateral side	◯	◯

Prescription Form

Bariatric ALL IN ONE - Tights (Page 2 of 4)

CLIENT SURNAME:

CLIENT FIRST NAME:

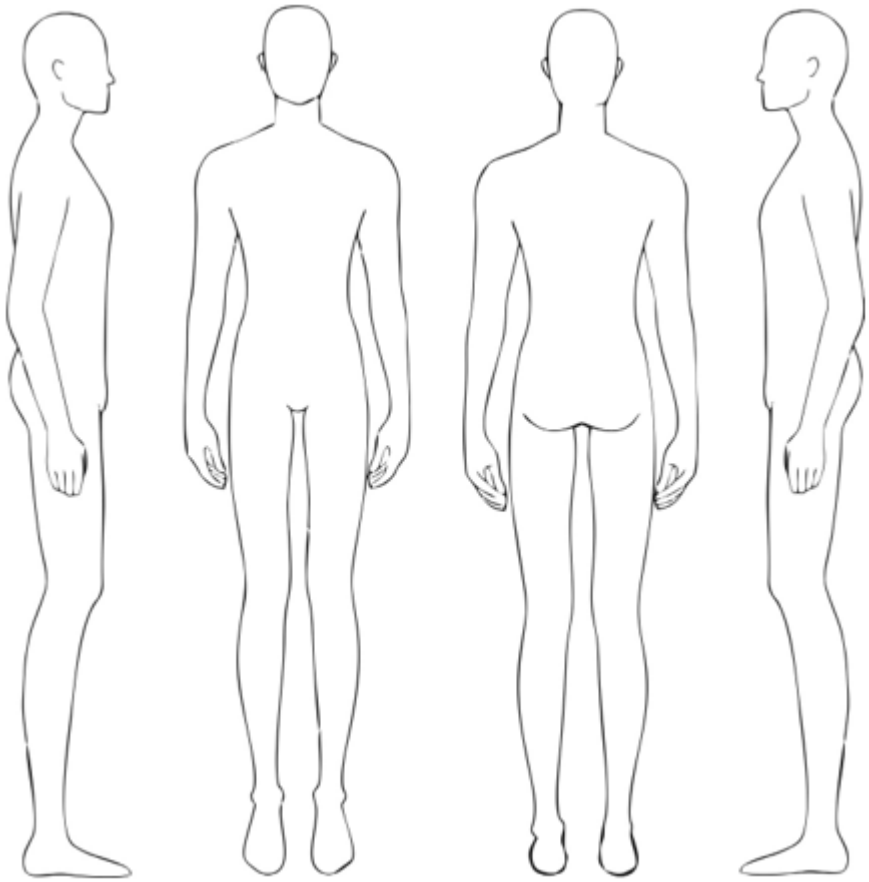
DATE:

CONFIDENTIAL

REINFORCING LOCATION cont.	L	R
Upper medial side	☐	☐
Lower anterior leg	☐	☐
Lower posterior leg	☐	☐
Lower lateral side	☐	☐
Lower medial side	☐	☐
Dorsum of foot	☐	☐
Sole	☐	☐
LEATHER SOLE	**L**	**R**
Sole	☐	☐
LEATHER HEEL	**L**	**R**
Heel	☐	☐
DEFICIT PAD	**L**	**R**
Without pocket	☐	☐
With pocket	☐	☐
ADDITIONAL OPTIONS	**L**	**R**
Colostomy site with pouch & zip access	☐	☐
Hernia support	☐	
Shaped abdomen	☐	
Pregnancy panel	☐	
Scrotal support	☐	
Soft braces with Velcro closure	☐	

SPLINTING OPTIONS REQUIRES 2 X LAYERS OF FABRIC	L	R
Shimmer / Hydrophobic	☐	☐
Double Hydrophobic	☐	☐
SPLINTING OPTIONS	**L**	**R**
Big toe abduction	☐	☐
Toe extension	☐	☐
Lengthen instep	☐	☐
MISCELLANEOUS	**L**	**R**
Lower leg centre back vertical seam (for full calf shaping)	☐	☐

SILICONE LINING Silon-Tex®II USED TO MANAGE APPEARANCE OF SCARS	L	R
Photos provided **or**	☐	☐
Draw location on assessment drawings	☐	☐
Small: 3 x 8 cm	☐	☐
Medium: 6 x 12cm	☐	☐
Large: 12 x 18cm	☐	☐
A5 size: 15 x 21cm	☐	☐
A4 size: 21 x30cm	☐	☐
Pocket and deficit pad - silicone on pocket only (photos required)	☐	☐
Deficit pad only (silicone one side)	☐	☐



Notes/Designs & Silicone Options:

Please note any further design options you require. Please call our design department in Perth (+61 8 9201 9455) for any queries.

Prescription Form

Bariatric ALL IN ONE - Vest

(Page 3 of 4)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

CONFIDENTIAL

STYLE	
With sleeves	◯
Sleeveless	◯

FABRIC	
Powernet	◯
Powersoft	◯
Shimmer	◯
Single Hydrophobic	◯
Double Hydrophobic	◯

HYDRO LINING	
Hydro lining to whole garment	◯

SLEEVE LENGTH	L	R
Short to elbow	◯	◯
Long to wrist	◯	◯
Singlet style	◯	

BREAST STYLE	
Bra cups - including wires	◯
Sports bra - no wire	◯
Shaped seam over bust	◯

FLAP / STUMP	L	R
Upper limb flap	◯	◯
Upper limb stump	◯	◯

AXILLA GUSSETS	L	R
Standard (1/2 Shimmer, 1/2 hydro)	◯	◯
All Shimmer	◯	◯
All single Hydrophobic	◯	◯
All double Hydrophobic	◯	◯
Fully Hydrophobic lined	◯	◯

ELBOW - FLEXION GUSSET	L	R
All Shimmer	◯	◯
Shimmer anterior & Powernet posterior	◯	◯
Shimmer anterior & Powersoft posterior	◯	◯
Single Hydrophobic	◯	◯
Double Hydrophobic	◯	◯

HYDROPHOBIC LINING ELBOW	L	R
Anterior elbow	◯	◯
Posterior elbow	◯	◯
Circumferential elbow	◯	◯

NECKLINE OPTIONS	
Standard round neck	◯
Stove pipe collar	◯
Dropped front neckline	◯
Sweetheart neckline	◯

SHOULDER/UPPER TRUNK	
Splinting for postural correction (please send photos)	◯

HYDROPHOBIC SHOULDER CAPS	L	R
For very fragile skin on shoulders	◯	◯

HYDROPHOBIC BOUND EDGING **Standard finish is strip lining**	
Neckline	◯
Stove pipe collar	◯
Arm holes on sleeveless	◯

HYDROPHOBIC LINING LOCATION	L	R
Dorsum of forearm	◯	◯
Palmar of forearm	◯	◯
Upper arm - lateral	◯	◯
Upper arm - medial	◯	◯
Full arm	◯	◯
Upper front chest	◯	◯
Upper back chest	◯	◯
Side body	◯	◯
Entire body front	◯	◯
Entire body back	◯	◯
Collar anterior	◯	

ZIPS - UPPER BODY	
Front	◯
Back	◯
Centre	◯
Offset to LEFT	◯
Offset to RIGHT	◯

ZIPS - SLEEVES	L	R
None in arms	◯	◯
Full length arm (neckline to wrist)	◯	◯
Upper arm (neckline to above elbow)	◯	◯
Shoulder point to wrist	◯	◯

ZIPS - FOREARM	L	R
None	◯	◯
Radial	◯	◯
Ulnar	◯	◯

DRESSING ASSIST	L	R
Zip tab - (state quanity 1-4)		
Location:		
Zip loopers	◯	◯
Leather assist	◯	◯

REINFORCING	L	R
Shimmer	◯	◯
Powernet	◯	◯
Powersoft	◯	◯

REINFORCING LOCATION	L	R
Dorsum of forearm	◯	◯
Palmar of forearm	◯	◯
Upper arm - lateral	◯	◯
Upper arm - medial	◯	◯
Full arm	◯	◯
Chest - front nape to axilla depth	◯	◯
Chest - back nape to axilla depth	◯	◯
Side body	◯	◯
Entire body front	◯	◯
Entire body back	◯	◯
Collar anterior	◯	

Prescription Form

Bariatric ALL IN ONE - Vest (Page 4 of 4)

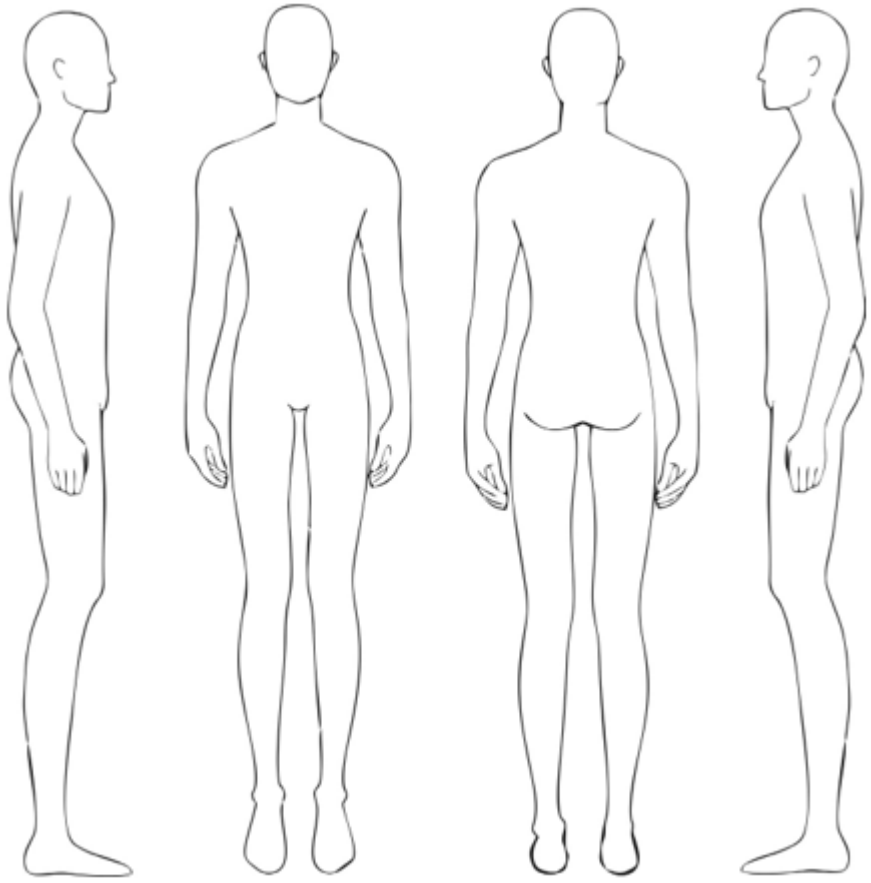
CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

CONFIDENTIAL

SILICONE LINING Silon-Tex®II USED TO MANAGE APPEARANCE OF SCARS	L	R
Photos provided **or**	☐	
Draw location on assessment drawings below	☐	
Small: 3 x 8 cm	☐	
Medium: 6 x 12cm	☐	
Large: 12 x 18cm	☐	
A5 size: 15 x 21cm	☐	
A4 size: 21 x30cm	☐	
Pocket and deficit pad - silicone on pocket only (photos required)	☐	
Deficit pad only (silicone one side)	☐	



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Measurement Form

Bariatric Client (Page 1 of 9)

CLIENT SURNAME:

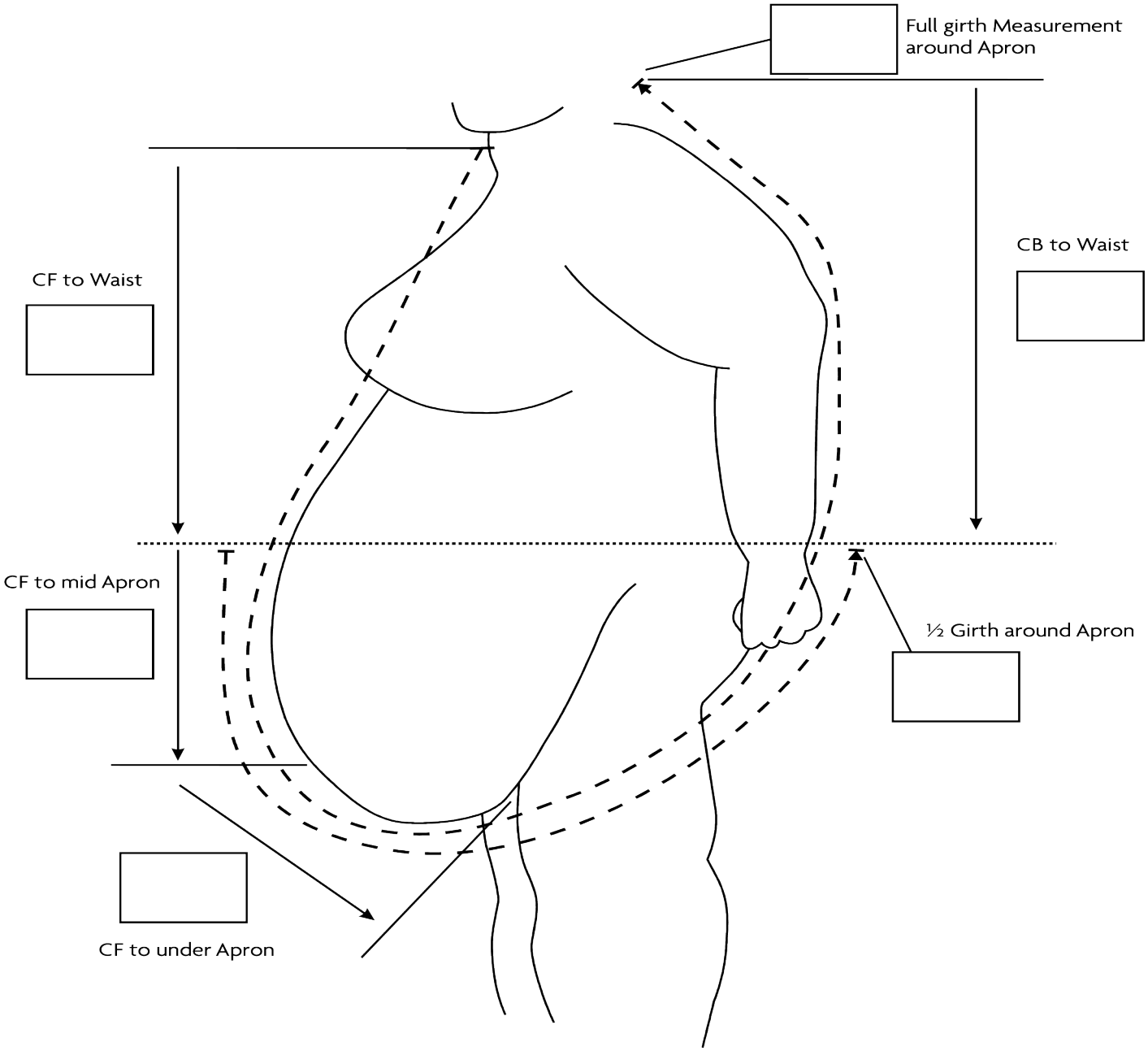
CLIENT FIRST NAME:

DATE:

CONFIDENTIAL

CLIENT STANDING

DESIGN OPTIONS - PLEASE SELECT THE OPTION YOU REQUIRE	
Body Type 'Apron' Length Measurements	◯
Front Body/Abdomen Length	◯



Measurement Form

Bariatric client with 'overhanging apron'

CLIENT SURNAME:

CLIENT FIRST NAME:

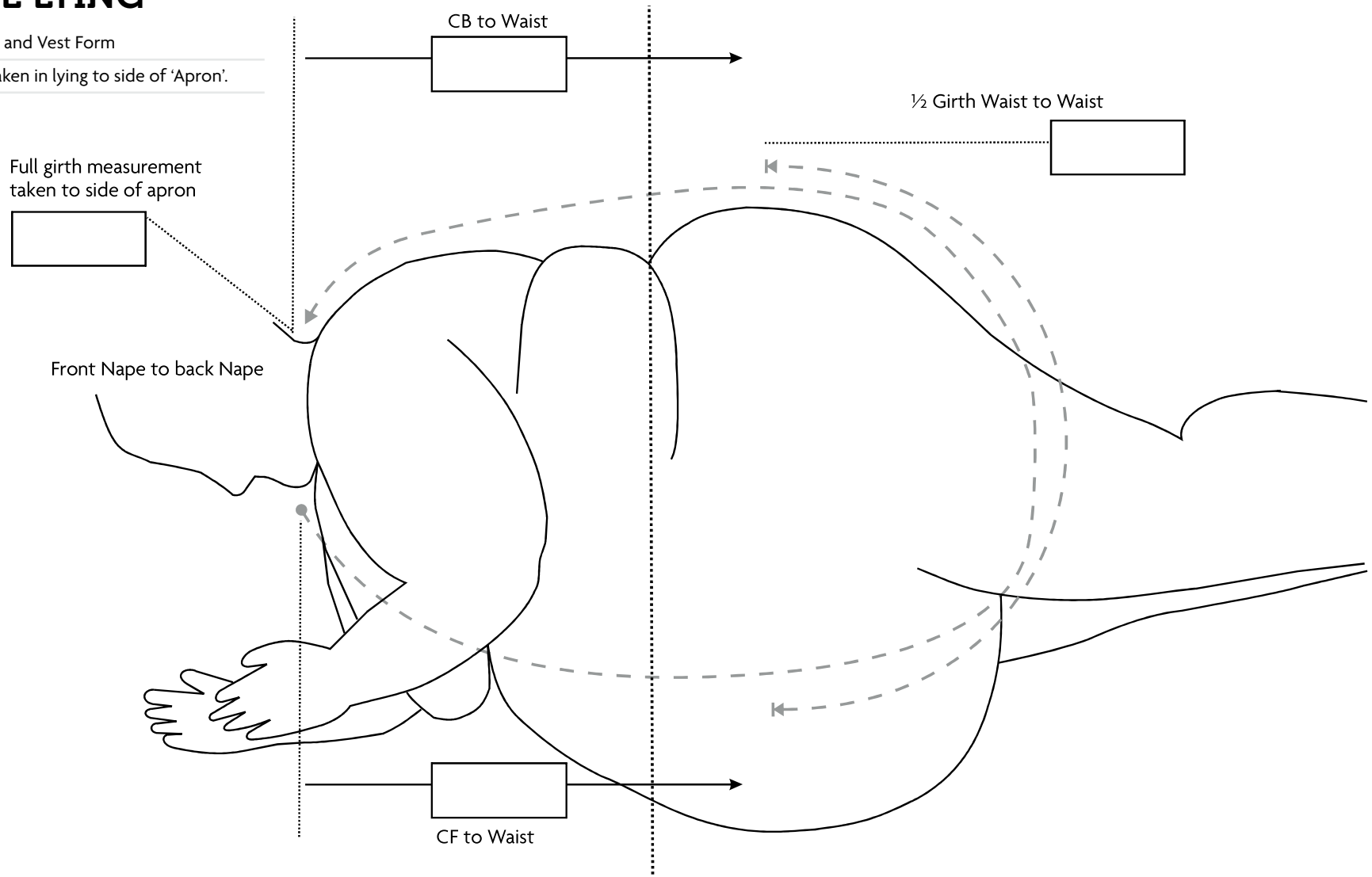
DATE:

CONFIDENTIAL

CLIENT IN SIDE LYING

This form accompanies the Tights and Vest Form

Girth measurements preferably taken in lying to side of 'Apron'.



Measurement Form

Bariatric client with 'over-hanging apron' (Page 3 of 9)

CLIENT SURNAME:

CLIENT FIRST NAME:

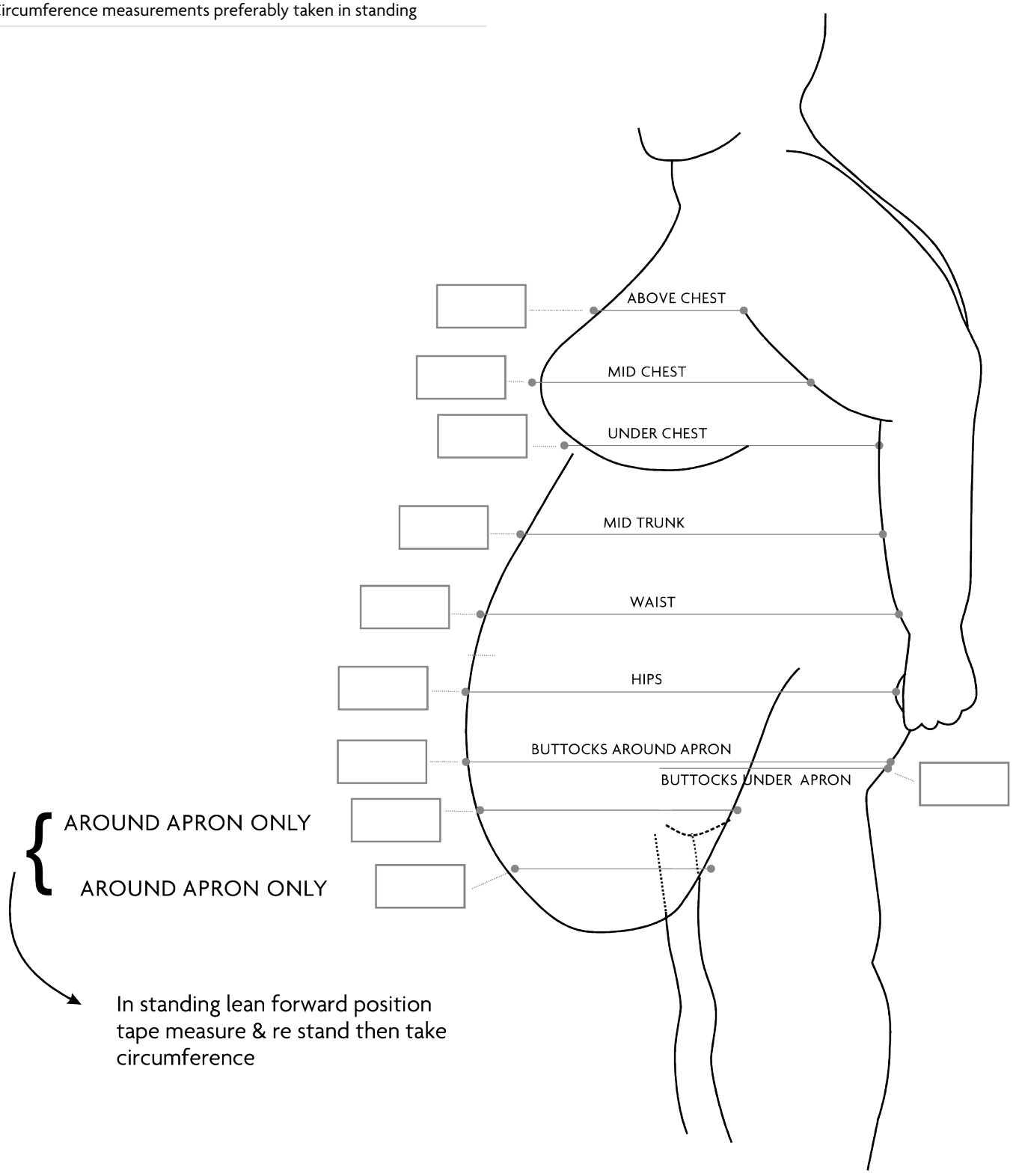
DATE:

CONFIDENTIAL

CLIENT IN STANDING

This form accompanies the Tights and Vest Form

Circumference measurements preferably taken in standing



Measurement Form

Bariatric client - lengths 'left leg & buttock folds' (Page 4 of 9)

CLIENT SURNAME:

CLIENT FIRST NAME:

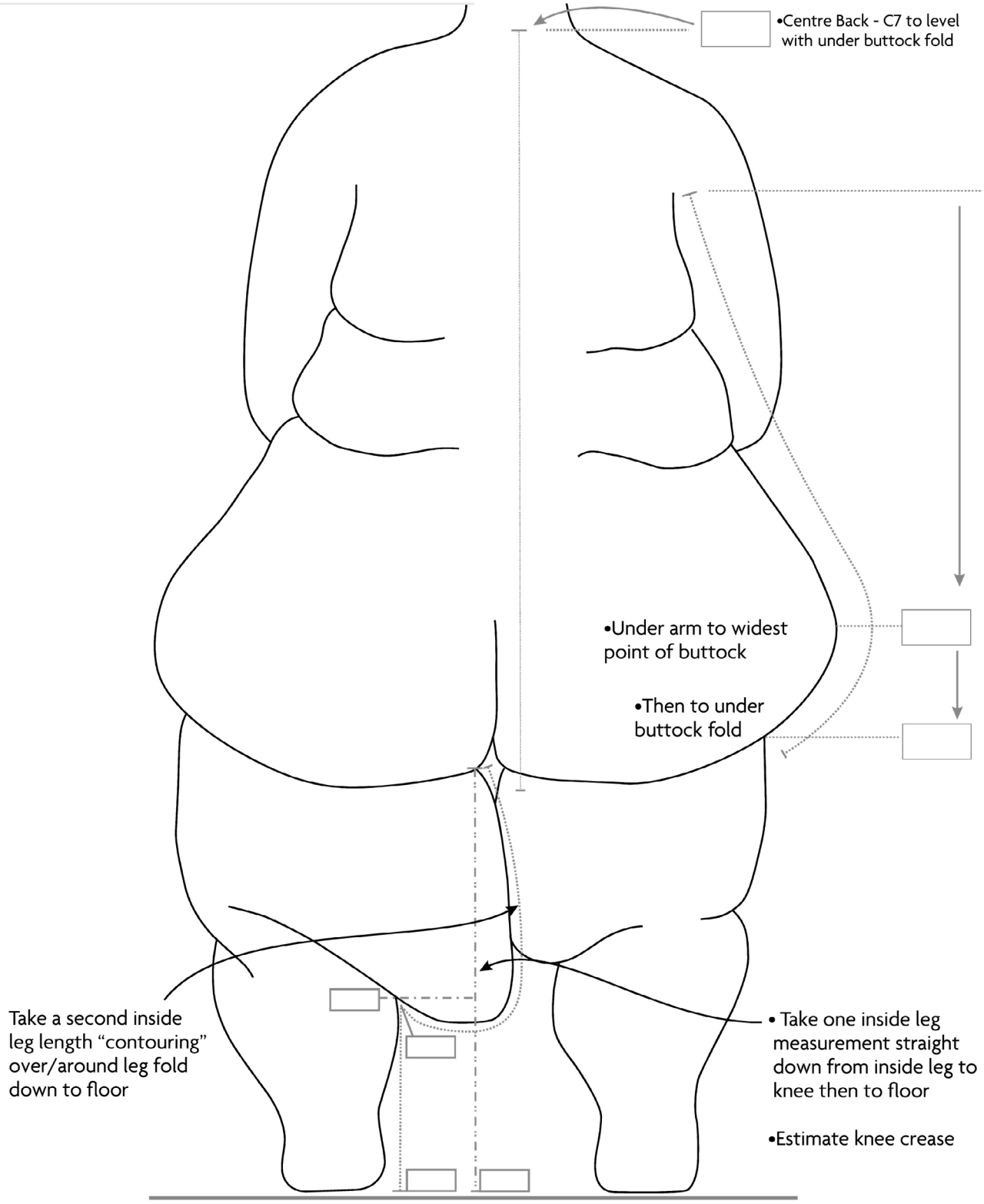
DATE:

CONFIDENTIAL

CLIENT IN STANDING

This form accompanies the Tights and Vest Form

Lengths measurements preferably taken in standing



Measurement Form

Bariatric client with 'right leg & buttock folds' (Page 5 of 9)

CLIENT SURNAME:

CLIENT FIRST NAME:

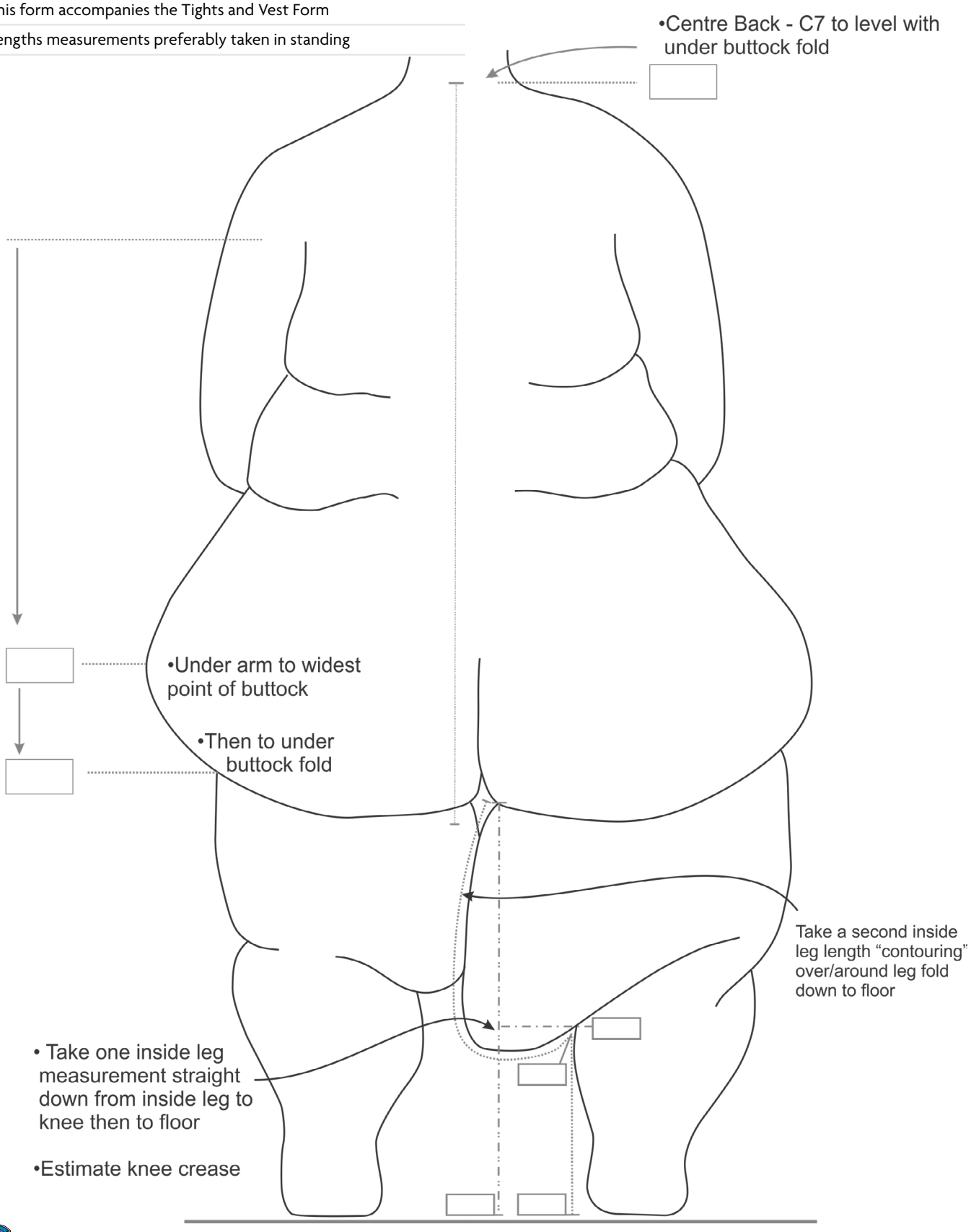
DATE:

CONFIDENTIAL

CLIENT IN STANDING

This form accompanies the Tights and Vest Form

Lengths measurements preferably taken in standing



Measurement Form

Bariatric client with 'left leg & buttock folds' (Page 6 of 9)

CLIENT SURNAME:

CLIENT FIRST NAME:

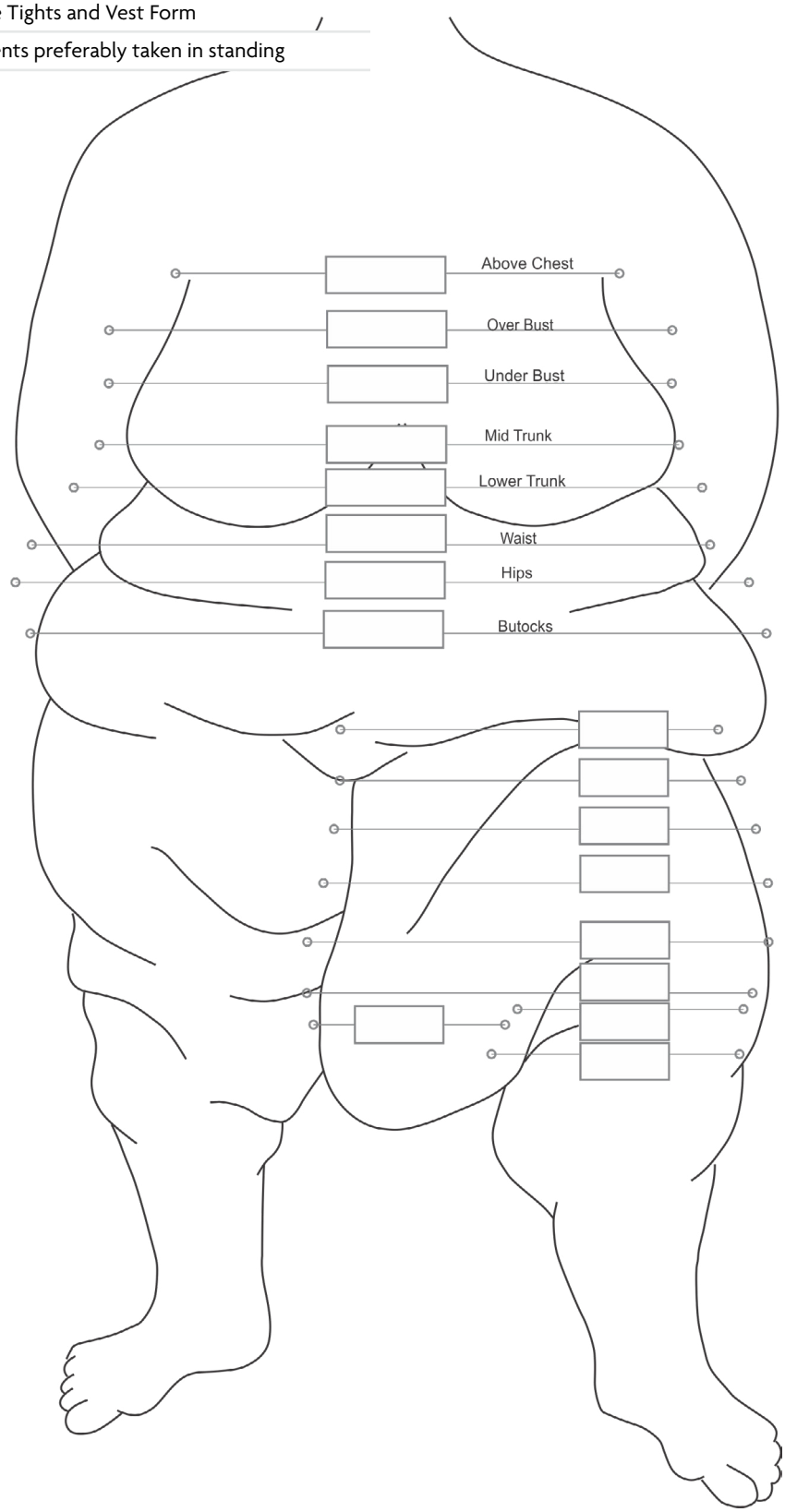
DATE:

CONFIDENTIAL

CLIENT IN STANDING

This form accompanies the Tights and Vest Form

Circumference measurements preferably taken in standing



Bariatric client with 'right leg & buttock folds' (Page 7 of 9)

CLIENT SURNAME:

CLIENT FIRST NAME:

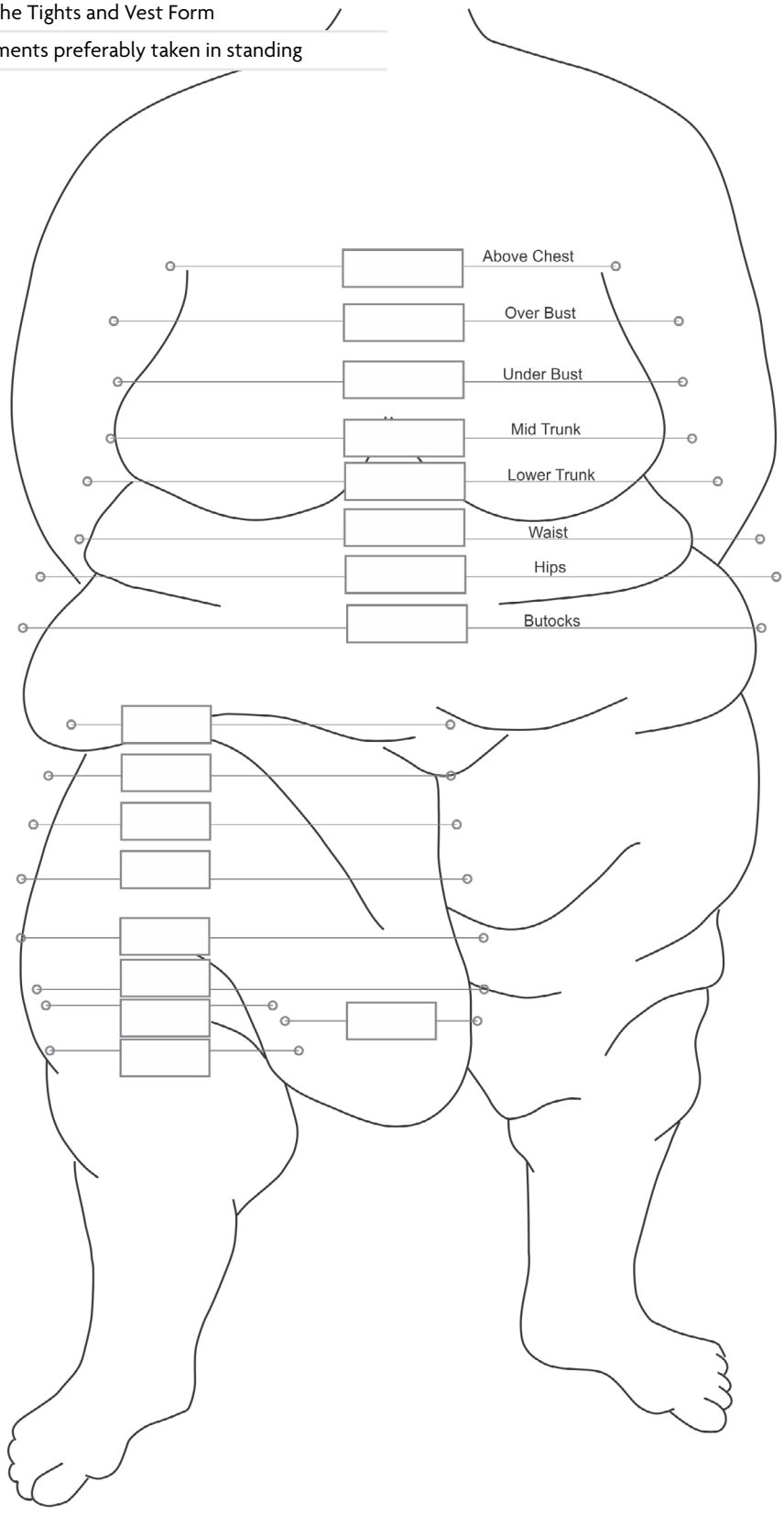
DATE:

CONFIDENTIAL

CLIENT IN STANDING

This form accompanies the Tights and Vest Form

Circumference measurements preferably taken in standing



Measurement Form

Bariatric client with 'leg and buttock folds' (Page 8 of 9)

CLIENT SURNAME:

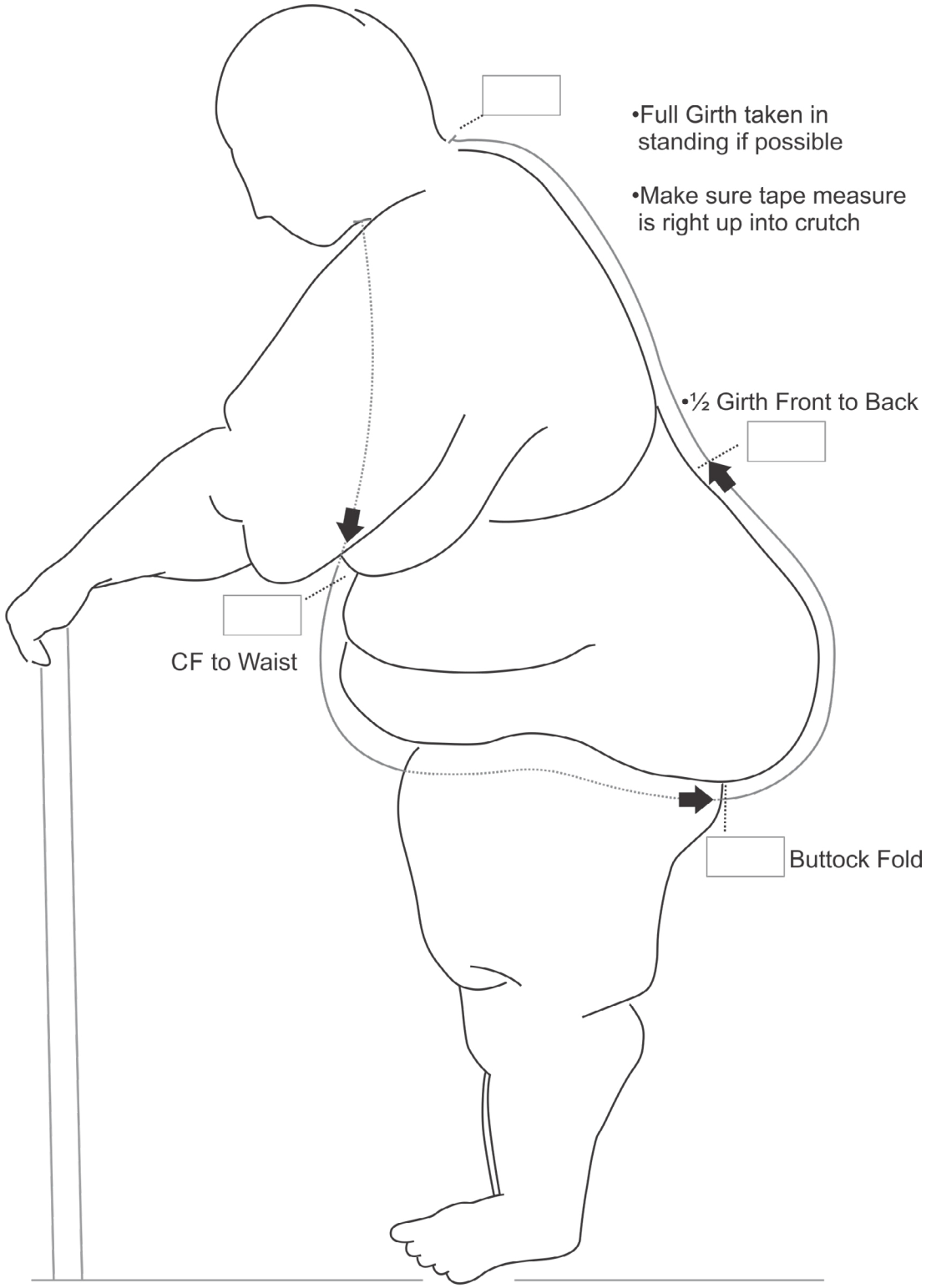
CLIENT FIRST NAME:

DATE:

CONFIDENTIAL

CLIENT IN STANDING

This form accompanies the Tights and Vest Form



Trace Form

ALL IN ONE - Foot Trace (Page 9 of 9)

CLIENT SURNAME:

CLIENT FIRST NAME:

DATE:

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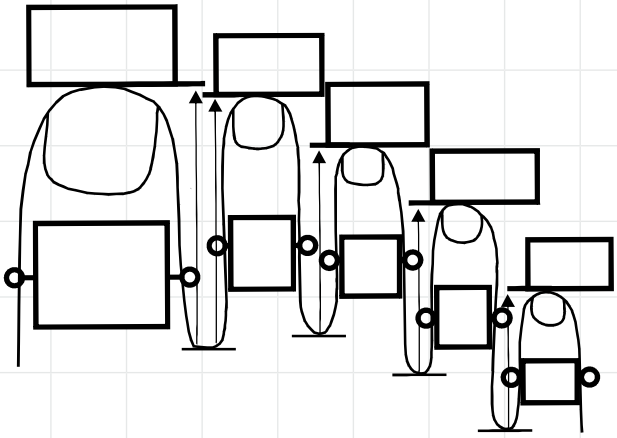
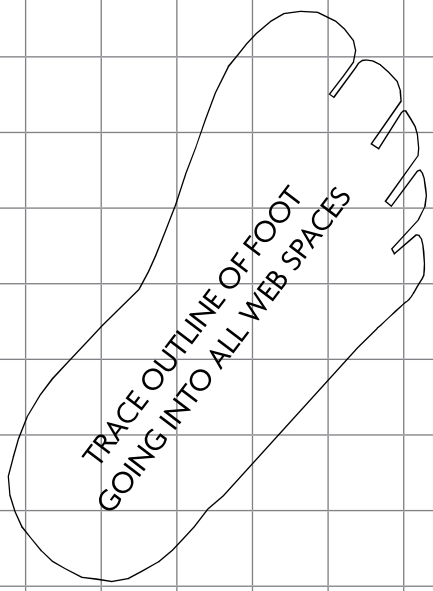
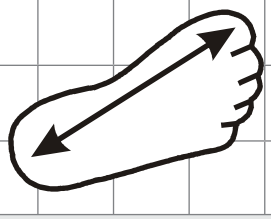
Scale 1:1 – Bar = 10 cm (Each box = 1 cm × 1 cm)







IMPORTANT: Sole Length
(Measure length of sole on foot trace from tip of big toe to tip of heel)

MEASURING TIPS

- For big toe separate, measure big toe circumference and length.
- For a foot glove, measure all toe circumferences and lengths
- Circumference measurements are taken at the middle of the toe.
- Length measurements are taken from web space to tip of toe on the side of the toe as indicated with a length arrow.