

Patient Name..... Date of Birth..... (Attach label if available)	Clinician sign..... Print name..... Designation.....
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	Tick	N/A
Implied Consent		
GDPR Consent		
Front sheet amendments		
Process of donning and doffing		
Test procedure		
Electrode / cuff positioning		
Electrode care		
Skin care		
Leads/sockets checked		
Foot switch checked		
Battery Tags checked		
Written/ photographic instructions given		
Precautions given		
Skin checked		
Skin irritation form used		
Electrode position recorded		
Locator sheet issued to patient		
Locator sheet copied to notes		
Stimulation parameters recorded		
GAS discussed and scored		
NRS carried forward & discussed		
10m walk test completed		
Pt handling profile completed		

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Current set-up			
Primary set-up	Waist	Krussel	Cuff
Other:		
Electrodes	Covidien	PALs	
Other:		
Length of electrode lead		
Length of FS lead or LINQ		
Insole size		
Cuff strap size (cm)		

ODFS® Pace serial no.	
Parameter	Setting
Specify left or right	
Set up	
Current	mA
R.Ramp	ms
Extn	ms
F.Ramp	ms
Time Out	ms
Delay	ms
Waveform	ASYM/SYM
Freq	Hz
Sounder	SETUP/OFF/ALWAYS
Beeps	ON/OFF
Timing	ADAPTIVE/FIXED/NTO
Lock	OFF ____s
Level +/-	1 / 2 / 5 %
On %	1% / 50% / Last %
Exe	OFF/ON Time:
Exe Curr	mA
Exe. Wave	ASYM /SYM
Exe. Freq	HZ
Exe. On	secs
Exe. Off	secs
Exe. Ramp	secs
T. Steps	
No. Walks	
Walk Time	
Dose Time	
No. Exe.	
Exe. Time	
Log reset today?	Y / N
∑ Steps	
ODFS® Pace SW version	
Wireless SW version	
Footswitch SW version	
Spare Footswitch SW version	
New equipment/manual issued	Y / N
Serial No's logged in Inventory	

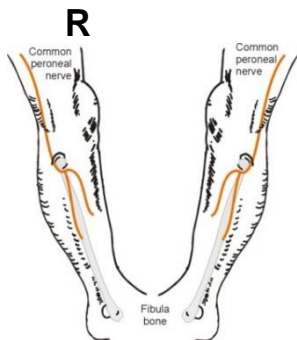
ODFS® Pace	Treatment Stage:	Date:
Patient Name		Clinician sign.....
Date of Birth <i>(Attach label if available)</i>		Print name.....
		Designation.....

10 METRE WALK (state reason if not completed):			
	Time (seconds)	Speed (metres/second)	Borg RPE
Without Stimulation 1			
Without Stimulation 2			
With FES (Ch1)			
With FES (Ch1 and 2)			
Without Stimulation 3			
Change with Ch 1 (Orthotic effect)		%	Absolute value e.g. +/-2
Change with Ch 1 and Ch 2 (Orthotic effect)		%	Absolute value e.g. +/-2

Frequency/pattern of use?	Patient perception of main benefits:
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FoF without:	FoF with:	NRS
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Walking aid:	Unaided <input type="checkbox"/>
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Footswitch position:	Next Appointment:
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