**Amputee Surgery**

**(at any hospital)**

Consult placed and Veteran scheduled for Amputee Clinic

Yes

 CLC MD makes referral

No

No

Yes

Surgeon/ PCP makes referral at f/u

No referral indicated

Rehab criteria met at follow up?

Rehab criteria met before DC to home?

**CLC**

**Home**

**Community SNF**