
PERSONAL SCI HEALTH CARE SUMMARY

Name:**Date Updated:****Problem List:****SCI CARE:**Spine and Spinal Cord Injury (SCI):

Spinal Cord Injury Level and Classification (ASIA Impairment Scale):

Cause:

Date of diagnosis:

Spine Procedures and dates:

Complications (infection, syringomyelia, etc.):

Neurogenic bladder:

Management method:

Frequency (of voiding, cath change or ICP):

If intermittent catheterization, my usual urinary volumes:

Bladder management (ICP or cath change) performed by:

Complications:

1. Urinary tract infections (UTIs) in last year:
2. Urinary tract stone history:
3. Complications:
 - a. Leakage or accidents?
 - b. Strictures/false passage/hypospadias:
 - c. Others:

Previous urologic surgeries/procedures:

Urology consultant:

Medications:

Irrigation: Yes or No

Solution used:

Frequency:

Last renal imaging: (Dates and results)

Ultrasound _____

X-ray (KUB) _____

CT KUB _____

Last serum (blood) Creatinine: Date _____ Results _____
 Other studies:

Neurogenic bowel:

Management method:

Medications (by mouth/per rectum):
 Digital stimulation: Yes or No
 Position (On commode/toilet, in bed):
 Performed by:

Frequency: Program duration:

Complications:

Autonomic Dysreflexia (AD):
 Hemorrhoids:
 Fistula:
 Accidents?

If 50 years old or older:

Last stool test for blood (FOBT or FIT test):
 Last screening colonoscopy date:
 Colonoscopy results:

Current Wounds:

| LOCATION | TYPE (Pressure/Shear/Vascular) | ONSET | HOW IT DEVELOPED | WOUND CARE/ DRESSING |
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Pressure release method:

Frequency:

Current cushion:

Current mattress type:

Previous surgeries or procedures:

Wound or bone infection?

Mood/Adjustment:

History of mood or anxiety disorder, or PTSD:

Current medications/treatment:

Previous medications/treatment:

My Providers:

Pain:

Types (Circle type[s], describe location):

Neuropathic (nerve-related):

Nociceptive (musculoskeletal, visceral [organs], other):

Treatment history, effectiveness, any side effects (list):

Spasticity:

Body region(s) affected:

Triggers:

Functional impact (How does the spasticity interfere or help with your life?):

History of medications, treatments and side effects:

Autonomic System Function:

Autonomic Dysreflexia? Yes/No

Frequency:

Triggers:

Treatment/Medications:

Orthostatic Hypotension (Drop in blood pressure with change in position)? Yes/No

Compression stockings/elastic wraps: Yes/No

Abdominal Binder: Yes/No

Medications:

Respiratory:

of respiratory infections, including pneumonia, in last 12 months?

Ventilation or Oxygen requirements:

Immunizations (Influenza, pneumonia, Tdap):

Manual assisted (“Quad”) Cough or Mechanical Insufflation-Exsufflation (“MIE”)?

Sleep apnea and treatment?

Bone Health:

Fracture history (body part, treatment):

DEXA (bone density) scan results, date of study (if available; not indicated for everyone):

Upper Limb (Shoulders, Arms, Hands) Preservation:

Shoulder/arm/hand conditions (examples: rotator cuff problems, carpal tunnel syndrome, contractures, bursitis):

Previous Treatment:

Mobility

Wheelchair type(s) or assistive device(s):

Transfer technique/equipment:

Sexual Function and Health:

Concerns?

Female:

Last gynecological exam, PAP smear:

Mammogram (date/findings):

Pregnancies/Deliveries:

Contraception:

Hormone therapy:

Male:

Prostatic exam and cancer screening:

Treatments used for erectile dysfunction:

Hormone therapy: