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MEDICAL REFERRAL
SCI TRANSITIONS HEALTH MAINTENANCE AND WELLNESS PROGRAM

The SCI Transitions Health Maintenance and Wellness Program offers programs such as computer access, adaptive driving, exercise, psychology services, spinal cord education, and therapeutic recreation activities including mind/body stretch class, fishing, sailing, aquatic therapy, and community based mobility. Your client will be interviewed and screened for these programs based on their interests, and if they meet the inclusion criteria.

Date: _____ Participant Name: _____ UWMC/HMC ID# _____

Age: _____ Gender: Male Female Date of Injury: _____ Level of injury: _____

ASIA Classification: A B C D E Traumatic Non-traumatic

Participant contact info (phone/email): _____

Location of Inpatient Rehabilitation: HMC UWMC Other: _____

Date of Discharge from Inpatient Rehabilitation: _____

Patient goals: _____

Does your patient currently have any of the following conditions?

Ischial or low sacral pressure ulcer (Stage III or IV) Yes No

Poor control of bowel or bladder function Yes No

Spasticity that is poorly controlled or functionally limiting Yes No

Extensive contractures in upper or lower limbs Yes No

History of osteoporotic fracture Yes No

Poorly controlled pain Yes No

Is medically fragile Yes No

If yes, please describe: _____

At risk for autonomic dysreflexia Yes No

Postural Hypotension Yes No

Moderate to severe lower extremity edema Yes No

Possible contraindications to Functional Electrical Stimulation Yes No

If yes, please describe: _____ (ex. Pacemaker or other implanted pump/device, epilepsy, pregnancy, lower limb fracture). We will assess relative risks.

Other: _____

Other relevant medical history: _____

Precautions: _____

Referring Provider: _____ Signature: _____

Telephone Number: _____ Fax Number: _____

Please send form either by:

Email: sciwell@uw.edu

Fax: 206 744 2756

Mail: Harborview Medical Center Box 359818

Attn: SCI Transitions Health Maintenance, and Wellness Program

325 9th Ave

Seattle, WA 98104

For inquiries or additional information: <http://sci.washington.edu/transitions/>, email sciwell@uw.edu, or call (206) 744-2060

PT.NO

NAME

DOB

UW Medicine

Harborview Medical Center – Northwest Hospital & Medical Center

Valley Medical Center – UW Medical Center

University of Washington Physicians Seattle, Washington

**SCI TRANSITIONS HEALTH MAINTENANCE
AND WELLNESS PROGRAM REFERRAL**

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WHITE - MEDICAL RECORD

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