

# Spinal Cord Injury

Client Name  Date of Evaluation

Level of Lesion:

Level of Injury

	↑
	↓

Complete/Incomplete Lesion (Sensory & Motor):

	↑
	↓

Pain above or below level of lesion:

	↑
	↓

Pattern of Paralysis (sensation loss):

	↑
	↓

Type of Bowel Program

Bowel/Bladder

	↑
	↓

Independent

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Type of Bladder Program

Independent

Urine Check

Urinary Tract Infections

Hospitalizations for UTI:

## Sexual Issues

Sexual Education Received:

# Spinal Cord Injury

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Sexual Counseling Received:

Fertility Issues:

Sexual Aids Used:

## Turning/Transfers

Independent

## Nursing/Attendant Needs

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## Transitional Living Program

## History of Complications

**Dysreflexia**

**Spasms**

**Decubiti (recent/past):**

**Thrombophlebitis**

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## Respiratory Infections

## Overheating

## Chilling

## Miscellaneous Information

### Psychosocial Adaptation to Disability

### Architectural Renovations Completed

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**Auto Insurance/Driving Evaluation:**

**Adaptations to Auto/Van**

**FES/Biofeedback (Neuromuscular Re-education):**