Spinal Cord Injury

Level of Lesion:

Complete/Incomplete Lesion (Sensory & Motor):

Pain above or below level of lesion:

Pattern of Paralysis (sensation loss):

Type of Bowel Program:

Independent: ____________

Type of Bladder Program:

Independent: ____________
Spinal Cord Injury

Date of Evaluation

Client name

Urine Check: 

Urinary Tract Infections: 

Hospitalizations for UTI: 

Sexual Issues

Sexual Education Received: 

Sexual Counseling Received: 

Fertility Issues: 

Sexual Aids Used: 

Turning/Transfers

Independent: 

Nursing/Attendant Needs
Spinal Cord Injury
Transitional Living Program

History of Complications

Dysreflexia:

Spasms:

Ducubiti (recent/past):

Thrombophlebitis:

Respiratory Infections:

Overheating: ____________________________
Chilling: ____________________________

Miscellaneous Information
Spinal Cord Injury

Psychosocial Adaptation to Disability:

Architectural Renovations Completed:

Auto Insurance/Driving Evaluation:

Adaptations to Auto/Van:

FES/Biofeedback (Neuromuscular Re-education):