

SPINAL CORD INJURY (PLEGIC)



CLIENT NAME: _____

Submit the Client Information Questionnaire with this form

1. List date of injury: _____
2. At what spinal cord level was the injury? (list specific vertebrae, if available)
 Cervical spine _____
 Thoracic spine _____
 Lumbrosacral spine _____
3. Note current level of function:
 Incomplete paraplegia
 Complete paraplegia
 Incomplete quadriplegia
 Complete quadriplegia
4. Have any of the following occurred? (check all that apply)
 Pneumonia
 Skin ulcers
 Urinary tract infection
 Kidney impairment
 Depression
5. Is client on any medications? (accurate name, dosage, and reason)
6. Does client have any other health issues? (Additional questionnaires may be required)