## Spinal Cord Injury

<table>
<thead>
<tr>
<th>Client Name</th>
<th>Date of Evaluation</th>
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**Level of Lesion:**

**Complete/Incomplete Lesion (Sensory & Motor):**

**Pain above or below level of lesion:**

**Pattern of Paralysis (sensation loss):**

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<tr>
<th>Bowel/Bladder</th>
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**Type of Bowel Program**

**Independent**
Spinal Cord Injury

Client Name ___________________ Date of Evaluation ___________________

Type of Bladder Program

Independent ____________

Urine Check

Urinary Tract Infections

Hospitalizations for UTI:

Sexual Issues

Sexual Education Received:
Spinal Cord Injury

Client Name ___________________________ Date of Evaluation ___________________________

Sexual Counseling Received:

Fertility Issues:

Sexual Aids Used:

Turning/Transfers

Independent __________________________________

Nursing/Attendant Needs
Spinal Cord Injury

Client Name_________________________ Date of Evaluation______________________

Transitional Living Program

History of Complications

Dysreflexia

Spasms

Decubiti (recent/past):

Thrombophlebitis

Sexual Issues

Sexual Education Received:__________________________

Sexual Counseling Received:________________________

Fertility Issues:

Sexual Aids Used:

Turning/Transfers

Nursing/Attendant Needs

Transitional Living Program

Bowel/Bladder Urinary Tract Infections Hospitalizations for UTI:

Adaptations to Auto/Van

Architectural Renovations Completed

Auto Insurance/Driving Evaluation:

FES/Biofeedback (Neuromuscular Re-education):

Psychosocial Adaptation to Disability

Overheating Chilling

Respiratory Infections

Miscellaneous Information

Independent History of Complications

Independent

Completed

Fertility Issues:

Sexual Aids Used:

Turning/Transfers

Nursing/Attendant Needs

Transitional Living Program
Spinal Cord Injury

Client Name __________________________ Date of Evaluation _______________________

Respiratory Infections

Overheating

Chilling

Miscellaneous Information

Psychosocial Adaptation to Disability

Architectural Renovations Completed
Spinal Cord Injury

Client Name ___________________________ Date of Evaluation ___________________ 

Auto Insurance/Driving Evaluation:

Adaptations to Auto/Van

FES/Biofeedback (Neuromuscular Re-education):

Architectural Renovations Completed

Auto Insurance/Driving Evaluation:

Adaptations to Auto/Van

FES/Biofeedback (Neuromuscular Re-education):

Sexual Issues

Sexual Education Received:

Sexual Counseling Received:

Fertility Issues:

Sexual Aids Used:

Turning/Transfers Nursing/Attendant Needs

Transitional Living Program

Level of Injury Bowel/Bladder

Urinary Tract Infections Hospitalizations for UTI:

Adaptations to Auto/Van