### GENERAL
- Immunizations: Routine: [ ]
- Annual influenza: [ ]
- Pneumovax: [ ]
  
  *(1st dose time of injury or shortly after; 2nd 50-55 yo)*

- Pap: [ ]
- Diabetes: [ ]

- Mammo: [ ]
- Cholesterol: [ ]

### SCREENING
- CRC: [ ]
- Prostate: [ ]
- BMD: [ ]

### VITALS
- BP: [ ]
- HR: [ ]

- WT: [ ]
- HT: [ ]
- WC: [ ]

### SOCIAL
- Married: [ ]
- Single: [ ]
- Children: [ ]

- Assisted Living: [ ]

- Supports: [ ]
- Finances: [ ]

### BLADDER
- Method: voluntary [ ]
  intermittent self-
  catheterization [ ]
  suprapubic [ ]
  indwelling [ ]

- Fluids (1.5-2L) per day:
  - no: [ ]
  - yes: [ ]

- UTI’s*: [ ]
  no: [ ]
  yes: [ ]

- Hematuria: [ ]
  no: [ ]
  yes: [ ]

- Incontinence: [ ]
  no: [ ]
  yes: [ ]

- Labs (at least yearly):
  - Lytes: [ ]
  - Cr: [ ]
  - eGRF (yearly)

- Ultrasound**: [ ]

*2-3 UTI’s per year should prompt search for cause
** every year for 1st 3 years, then every 2nd year

### BOWEL
- Bowel Routine: Daily [ ]
  - every 2d [ ]
  - more than 2d [ ]

- Fibre (15-30 gm/day):
  - no: [ ]
  - yes: [ ]

- Constipation: [ ]
  - no: [ ]
  - yes: [ ]

- Bleeding: [ ]
  - no: [ ]
  - yes: [ ]

- Colorectal CA screening (as per general population):
  - FOBT: [ ]
  - Colonoscopy: [ ]
  - Other: [ ]

### AUTONOMIC DYSREFLEXIA
- condition of unopposed sympathetic activity occurring in SCI with lesion at T6 or above; characterized by increased BP, headache, anxiety, facial flushing, sweating above lesion; goose-bumps below lesion, nasocongestion

- Occurrence: N/A: [ ]
  - No: [ ]
  - Yes: [ ]

- Triggers: [ ]

- Frequency: [ ]

- AD Wallet Card: [ ]
  - No: [ ]
  - Yes: [ ]

- Meds for AD: [ ]

### SKIN
- pressure ulcers: [ ]
  - no: [ ]
  - yes: [ ]

- Practice pressure relief: [ ]
  - no: [ ]
  - yes: [ ]

(ideally every 15-30 mins.)
### MOBILITY
- wheelchair: no: ☐  manual: ☐  automatic: ☐
- walker: no: ☐  yes: ☐
- age of w/c or walker: ______
- seating assessment: no: ☐  yes: ☐  when: __________

### SEXUAL
- Sexually Active: no: ☐  yes: ☐
- Problems/Concerns
- Fertility desired: no: ☐  yes: ☐  Contraception: __________

### PAIN
- Where: ____________________  Intensity: ___/10
- Type: Neuropathic: ☐  Nociceptive: ☐  Complex: ☐

### RESPIRATORY
- Spirometry/PFT: (consider yearly) no: ☐  yes: ☐  when: ______
- Sleep Apnea symptoms: no: ☐  yes: ☐  Testing: __________
- Infections/pneumonia: no: ☐  yes: ☐

### NEURO/MSK
- Change in function (motor/sensory): no: ☐  yes: ☐
- MRI: no: ☐  yes: ☐  when: ______
- Overuse injuries (shoulder; wrists): no: ☐  yes: ☐

### SPASTICITY
- Bothersome: no: ☐  yes: ☐  Medications: ______________

### BONE HEALTH
- BMD (every 1-2 yrs) no: ☐  yes: ☐  when:
- Fracture: no: ☐  yes: ☐  Calcium: ☐____ Vitamin D: ☐____
  (1200 mg/day, mostly diet) (1000-2000 IU/day)

### MENTAL HEALTH
- Depression: no: ☐  yes: ☐
- Anxiety: no: ☐  yes: ☐
- Other: __________

Note: More detailed information on each category can be found in “Spinal Cord Injury (SCI) Physician Resources” in PSS Handouts.

Adapted from:
SCI Primary Toolkit Provider Flowsheet (Bate4s & Shepherd, 2008)
SCIRE (Spinal Cord Injury Rehabilitation Evidence) [http://www.scireproject.com/rehabilitation-evidence]