

SB Clinic Transition Discharge Worksheet

PATIENT (Name)				Last Clinic Visit Date		Next Visit Due	
Institution Transferring From				Institution Transferring To			
Medical Records Number				DOB		Guardian	
DIAGNOSIS SB Type:		Motor Level	Sensory Level	Pharmacy:		National Spina Bifida Patient Registry	
ICD 10 Code:		R-----L	R-----L	Insurance:		Eligible / Refused / Ineligible / Not Asked	
						Enrolled On:	
VITALS	BP	Pulse	RR	Ht	Wt	Arm Span	
ALLERGIES				DIET			

NEUROSURGERY	
Current Shunt?	Y/N Brand:
Programmable?	Y/N Setting:
VPerit VPleur VAtrial Other:	
Endoscopic Third Ventriculostomy?	Y/N
Previous Shunt OR Dates	
Syrinx Decompression/Shunt	
Tethered Cord Release(s):	
Chiari Decompression:	
Spine Fusion:	
Anterior:	Posterior:

UROLOGY	
Augmentation:	
Bladder Neck Surgery:	
Catheterizable Stoma:	
Incontinent Diversion: (urostomy/vesicostomy)	
Ureteral reimplantation:	Deflux:
Orchidopexy:	
Intermittent Cath: Y / N	Size: • Frequency: q_____ hrs • Catheter • Straight / Coude / Female
Bladder Irrigation: Y/N	Solution: Frequency:
Last Urodynamics Study	
Hostile bladder	Y/ N / Indeterminant
VUR Reflux	R / L Grade

BOWEL PROGRAM	
Oral meds:	
Manual manip/disimpact:	
Rectal Enema: Type	• Solution • Frequency
ACE/MACE: Type	• Solution • Frequency
Other	

ORTHOPEDIC
Scoliosis/Spine:
Hip procedure:
Club foot repair:
Other:

SKIN ISSUES

Wound details:

Wound care instructions:

MEDS/SUPPLIES	OTHER MEDICAL HISTORY	TESTING Most recent date & location	Next test/frequency
Meds:	Pain: Y/ N	CMG/Urodynamics	
Folate:	Hypertension: Y / N	VCUG	
Syringe size:	Endocrine:	Renal sonogram	
Bladder supplies:	Obesity: Y / N	DMSA	
Collection bags:	Pulm / Sleep apnea	KUB	
Vendor:	Lymphedema: Y / N • Location:	CT scan abdomen	
CIPAP/BIPAP settings:	Sexual / Reprod:	Cystoscopy	
Dental appliance:	Mental health:	GFR/Cystatin C	
Trach / nebulizer:	Seizures: Y / N • Last seizure:	Spine X-ray	
Vendor:	MSK:	Pelvic X-ray	
Notes:	Other:	Other X-ray	
		CT scan of head	
		MRI head	
		Shunt series	
		MRI spine	
		Sleep study	
		Swallow study	
		Other	



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 Hablamos español

DME (include date last prescribed if known)	ORTHOSES/THERAPIES (include date last prescribed if known)
Vendor:	Vendor:
Wheelchair: manual / power / power assist /	AFO:
Cushion:	KAFO:
Stander:	HKAFO:
Walker:	TLSO:
Crutches (style):	Hand splints:
Tub bench/shower chair:	Night splints:
Lift:	Other:
Pressure relief mattress/bed:	Current therapies: OT / PT / ST / Vision / Lymphedema
Other:	Other:

PSYCHOSOCIAL	NEUROPSYCHOLOGICAL	FOLLOWUPS DATES & FREQUENCY
Voc Rehab	Testing Notes:	Neurosurgery:
Driver's Ed:		Urology:
Financial Sources:		Orthopedics:
Support System:		PCP:
Social Involvement:		PM&R:
Employment:		OBGYN:
Education:		Ophthalmology:
Learning Disability:		Dental:
Independent Living / home care:		Other:
Transportation:		
Substance Abuse:		
Other:		

SPECIAL NOTES	
If patient has a programmable shunt, the shunt may need to be programmed after any MRI testing. <i>Indicate here if shunt needs reprogramming after MRI:</i>	
Signs / symptoms of patient's previous shunt malfunctions:	
Considerations to maintain skin integrity for this patient.	
Recommended Immunizations.	
Recommended routine health maintenance screenings.	
Name of Social Worker/Case Manager.	
If no adult specialists are available, consider consulting a PM&R physician experienced in spinal cord medicine. Please see www.AAPMR.org for directory.	
Copies of radiologic studies and test results should be forwarded. Place a check in the box next to the tests that are being forwarded along with this sheet.	