

# SPINA BIFIDA CLINIC TRANSITION DISCHARGE WORKSHEET

<b>PATIENT</b> (Name)			Date of Last Clinic Visit	Next Visit Due
Institution Transferring from			Institution Transferring To	
Medical Records Number			DOB	Guardian
<b>DIAGNOSIS</b> 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:	
<b>VITALS</b> BP	Pulse	RR	Ht	Wt
			Arm Span	
<b>ALLERGIES</b>			<b>DIET</b>	

## NEUROSURGERY

Current Shunt? Y / N Brand: \_\_\_\_\_  
 Programmable? Y/N Setting: \_\_\_\_\_  
 VPerit VPLeur VAtrial Other: \_\_\_\_\_  
 Endoscopic Third Ventriculostomy? Y/N  
 Previous Shunt OR Dates? \_\_\_\_\_  
 \_\_\_\_\_  
 Syrx decompression/shunt: \_\_\_\_\_  
 Chiari Decompression: \_\_\_\_\_  
 Spine Fusion: \_\_\_\_\_  
 Anterior: \_\_\_\_\_ Posterior: \_\_\_\_\_  
 Tethered Cord Release(s): \_\_\_\_\_  
 \_\_\_\_\_

## SKIN ISSUES

Wound details: \_\_\_\_\_  
 Wound Care Instructions: \_\_\_\_\_  
 \_\_\_\_\_

## 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 \_\_\_\_\_

## ORTHOPEDIC

Scoliosis/Spine: \_\_\_\_\_  
 Hip procedure: \_\_\_\_\_  
 Club foot repair: \_\_\_\_\_  
 Other LE \_\_\_\_\_  
 Other: \_\_\_\_\_  
 \_\_\_\_\_

## BOWEL PROGRAM

Oral meds: \_\_\_\_\_  
 Manual manip/disimpact: \_\_\_\_\_  
 Rectal Enema: Type \_\_\_\_\_  
 · Solution \_\_\_\_\_  
 · Frequency: \_\_\_\_\_  
 ACE/MACE: Type \_\_\_\_\_  
 · Solution \_\_\_\_\_  
 · Frequency: \_\_\_\_\_  
 Other: \_\_\_\_\_

**MEDS/SUPPLIES**

Meds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Folate: \_\_\_\_\_

Syringe size: \_\_\_\_\_

Bladder supplies: \_\_\_\_\_

Bowel supplies: \_\_\_\_\_

Collection bags: \_\_\_\_\_

Vendor: \_\_\_\_\_

CPAP/BIPAP settings: \_\_\_\_\_

Dental appliance: \_\_\_\_\_

Trach / Nebulizer: \_\_\_\_\_

Vendor: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**OTHER MEDICAL HISTORY**

Pain Y / N \_\_\_\_\_

Hypertension Y / N \_\_\_\_\_

Endocrine: \_\_\_\_\_

Obesity Y / N \_\_\_\_\_

Pulm/Sleep Apnea \_\_\_\_\_

Lymphedema Y / N \_\_\_\_\_

· Location: \_\_\_\_\_

Sexual/Reprod \_\_\_\_\_

Mental health \_\_\_\_\_

Seizures Y / N \_\_\_\_\_

· Last Seizure: \_\_\_\_\_

MSK: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TESTING***(Most Recent Date & Loc)**Next Test/Frequency* CMG/Uroynamics \_\_\_\_\_ VCUG \_\_\_\_\_ Renal Sonogram \_\_\_\_\_ DMSA \_\_\_\_\_ KUB \_\_\_\_\_ CT Scan Abdomen \_\_\_\_\_ Cystoscopy \_\_\_\_\_ GFR/Cr \_\_\_\_\_ BUN \_\_\_\_\_ GFR/Cystatin C \_\_\_\_\_ Spine X-ray \_\_\_\_\_ Pelvic X-ray \_\_\_\_\_ Other X-ray \_\_\_\_\_ CT Scan of Head \_\_\_\_\_ MRI Head \_\_\_\_\_ Shunt Series \_\_\_\_\_ MRI Spine \_\_\_\_\_ Sleep Study \_\_\_\_\_ Swallow Study \_\_\_\_\_ Other \_\_\_\_\_**DME***(include date last prescribed if known)*

Vendor: \_\_\_\_\_

Wheelchair: manual / power / power assist / \_\_\_\_\_

Cushion: \_\_\_\_\_

Stander: \_\_\_\_\_

Walker: \_\_\_\_\_

Crutches (Style): \_\_\_\_\_

Tub bench/Shower chair: \_\_\_\_\_

Lift: \_\_\_\_\_

Pressure relief mattress/bed: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ORTHOSES/THERAPIES***(include date last prescribed if known)*

Vendor: \_\_\_\_\_

AFO \_\_\_\_\_

KAFO \_\_\_\_\_

HKAFO \_\_\_\_\_

TLSO \_\_\_\_\_

Hand splints: \_\_\_\_\_

Night splints: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

Current Therapies: OT / PT / ST / Vision / Lymphedema

Other: \_\_\_\_\_

\_\_\_\_\_

**PSYCHOSOCIAL**

Voc Rehab \_\_\_\_\_  
Driver's Ed: \_\_\_\_\_  
Financial Sources: \_\_\_\_\_  
\_\_\_\_\_  
Support System: \_\_\_\_\_  
Social Involvement: \_\_\_\_\_  
\_\_\_\_\_  
Employment: \_\_\_\_\_  
Education: \_\_\_\_\_  
Learning Disability: \_\_\_\_\_  
Independent Living / Home Care: \_\_\_\_\_  
\_\_\_\_\_  
Transportation: \_\_\_\_\_  
Substance Abuse: \_\_\_\_\_  
Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NEUROPSYCHOLOGICAL**

Testing Notes: \_\_\_\_\_  
\_\_\_\_\_  
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**FOLLOWUPS DATES & FREQUENCY**

Neurosurgery: \_\_\_\_\_  
\_\_\_\_\_  
Urology: \_\_\_\_\_  
\_\_\_\_\_  
Orthopedics: \_\_\_\_\_  
\_\_\_\_\_  
PCP: \_\_\_\_\_  
\_\_\_\_\_  
PM&R: \_\_\_\_\_  
\_\_\_\_\_  
OBGYN: \_\_\_\_\_  
\_\_\_\_\_  
Ophthlmo: \_\_\_\_\_  
\_\_\_\_\_  
Dental: \_\_\_\_\_  
\_\_\_\_\_  
Other: \_\_\_\_\_

**SPECIAL NOTES**

- If patient has a programmable shunt, the shunt may need to be reprogrammed after any MRI testing. Indicate here if shunt needs reprogramming after MRI \_\_\_\_\_
- 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](http://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.



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