



Queensland Government

Princess Alexandra Hospital

**Spinal Injuries Unit
Non-Acute
Outpatient Referral**

(Affix identification label here or complete if E-Form)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F

Note:

- Only people with neurological impairment are seen at this clinic.
- Acute spinal cord injury (SCI) problems such as autonomic dysreflexia / sepsis should be referred to the nearest emergency department.

Patient Name: DOB:

Address:

.....Phone No:

New patient to SIU Known to SIU Number of years since last review:

Interpreter required: Yes No If yes, Language:

Date of Spinal Cord Injury: Level of Spinal Cord Injury:

Co-morbidities

Status

-
-
-
-

-
-
-
-

Bladder Management

Spontaneous IDC SPC CISC Other:

Bowel Management

.....
.....

Relevant Aperiants

.....
.....

Medications

-
-
-
-
-

-
-
-
-
-
-
-
-
-
-

Current Issues/ How can we help your patient?

.....
.....
.....

Referring Doctor:

Name: Provider Number:

Address:

.....Phone:

Signature: Date:

DO NOT WRITE IN THIS BINDING MARGIN

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