



Queensland Government

**Queensland Spinal Cord Injuries Service
New Patient Referral Form**

Contact: Queensland Spinal Cord Injuries Service
Ph Number: 3176 5061
Website: <https://qscis.health.qld.gov.au/services/referral/>
 (To download referral and AIS forms)
Email: QSCIS_referral@health.qld.gov.au

Patient details

Name: Referring Consultant:
 Address: Date of Referral:
 UR Number:
 DOB: Ward:
 Gender: Male Female X (Indeterminate/Intersex/Unspecified)
 Residency status: Australian citizen Australian permanent resident Other:
 Language: Interpreter required: Yes No
 Funding source: NDIS NISQ My Aged Care Other:

Is the patient's treating consultant aware of the referral Yes No *(please tick where appropriate)*
 Has the referral been discussed with the patient? Yes No *(please tick where appropriate)*
 Is the patient a public or private patient? Public Private *(please tick where appropriate)*

Referrer's contact details

Name: Position:
 Contact number: Referrer fax:
 Hospital: Referrer email:

Injury information

Diagnosis:
 ASIA impairment scale (AIS) findings: Neurological level of injury (NLI): Grade: A B C D
 Date of injury:
 Mechanism / cause:
 Current medical status: Stable Unstable.....

Other injuries / co-morbidities	Current status of injury / co-morbidity
1:
2:
3:
4:
5:

Please complete AIS assessment form and send through as promptly as possible. Explanatory notes can be found on page 2 of the form.

Spinal surgical intervention

Surgeon: Date:
 Procedure:
 Follow-up:

Other surgeries / procedures at acute admission	Follow up / further investigations
1:
2:
3:

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Locally Printed





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Past medical history:

Psychiatric history & cognition:

Medications (please list below):

Allergies (please list below):

- | | |
|---------|---------|
| • | • |
| • | • |
| • | • |
| • | • |
| • | • |

Alcohol quantity: **Illicit drugs** quantity: **Smoking** quantity:

Psychosocial Issues:

Family / formal / informal supports:

Employment / finances:

Living situation:

Description of housing:

Social work contact:

Special considerations / potential barriers to rehabilitation:

.....

Infection status: MRSA VRE ESBL Other:

Current level of function:

Current equipment being used:

.....

Weight (approx.): Height (approx.):

Bladder status: Bowel status:

Respiratory status: Skin status:

Any other relevant information:

Please email the completed form to: QSCIS_referral@health.qld.gov.au

QSCIS requires an AIS assessment form to accompany every referral. Ideally, the AIS and referral forms should be sent at the same time, however, delays to completion of the AIS assessment should not delay a QSCIS referral. Please send the AIS assessment form as promptly as possible [Click here to open AIS assessment form >>](#)

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