



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:

Birth Sex: ☐ M ☐ F ☐ I

Contact: Queensland Spinal Cord Injuries Service Outpatient Department

Ph Number: (07) 3176 5789 Fax: (07) 3176 4489

Email: spinal_injuries_OPD_admin@health.qld.gov.au

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 phone number:

☐ 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

- | Co-morbidities | Status |
|----------------|--------|
| 1. | |
| 2. | |
| 3. | |
| 4. | |

Bladder Management

☐ Spontaneous ☐ IDC ☐ SPC ☐ CISC ☐ Other:

Bowel Management

.....

Relevant Aperiens

.....

Medications

- | | |
|---------|----------|
| 1. | 6. |
| 2. | 7. |
| 3. | 8. |
| 4. | 9. |
| 5. | 10. |

Current Issues/ How can we help your patient?

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Referring Doctor:

Name: Provider Number:

Address:

..... Phone:

Signature: Date:

The preferred referral method is via the [Queensland Health Smart Referral system](#). If you do not have access to the Smart Referral system, referrals can also be faxed to the Metro South Central Referral hub: 1300 364 248

DO NOT WRITE IN THIS BINDING MARGIN

