**脊髓损伤患者登记表**

**Information of Patient with Spinal Cord Injury**

|  |  |  |  |
| --- | --- | --- | --- |
| 姓 名Name |  | 性 别Gender |  |
| 出生年月Date of birth |  | 发病日期Date of accident |  |
| 身份证号ID number |  | 联系电话Mobile number |  |
| 家庭住址Home address |  | 受教育程度Education |  |
| 导致脊髓损伤原因Causes of injury | ☐外伤trauma ☐肿瘤tumor ☐脊髓炎myelitis ☐脊柱结核spinal tuberculosis | ☐脊髓血管性疾病vascular disease of spinal cord ☐椎间盘突出prolapse of lumbar intervertebral disc ☐其他others  |
| 损伤平面Level of injury |  | ASIA分级Grade of ASIA |  |
| 曾经就诊医院Hospital admission |  |
| 曾经进行治疗Treatment history |  |
| 既往病史Past history |  |
| 患者目前情况Current conditions of the patient | 1.肢体功能motor function：☐使用高靠背轮椅，有时需要辅助呼吸 Uses high back wheelchair，needs assisted aspiration sometimes☐可用生活辅助具自己进食和做部分清洁活动，用手摇杆操控电动高靠背轮椅 Eats cut food and performs partial grooming task (washing hands and face , brushing teeth, combing hair, shaving, applying makeup) using adaptive devices, controls high back wheelchair using joystick☐独立穿衣，自己完成某些身体转移动作 Dresses independently, performs some transferring movements☐独立进行各种身体转移，独立使用轮椅，自己处理大小便Performs all kinds of transferring activities independently, uses wheelchair independently, manages feces and urine by his or her own☐自由使用轮椅，穿戴矫形器，用腋拐或助行器可治疗性站立和步行 Uses wheelchair freely, wears orthotics, therapeutic standing and walking with axillary crutches or walkers.☐完成以上动作，并利用矫形器和拐杖或助行器做家庭功能性步行 Performs above movements, and accomplishes family functional ambulation with orthotics and crutches or walkers.☐利用（或不利用）矫形器和手杖，可进行社区功能性步行 Performs community functional ambulation with or without orthotics and crutches☐其他（请根据您的个人情况补充填写，如果无特殊补充可不填本条） others 2.大、小便功能bladder and bowel function：☐基本正常almost normal ☐尿潴留urinary retention ☐尿失禁urinary incontinence☐便秘Constipation ☐其他 others 3.并发症（可多选）complication（selecting more than one options is allowed）：☐肺部感染 pulmonary infection ☐肺栓塞 pulmonary embolism ☐呼吸衰竭 respiratory failure ☐深静脉血栓 deep vein thrombosis ☐体位性低血压 postural hypotension ☐痉挛 spasm ☐关节挛缩 contracture of joint☐压疮 contracture of joint☐泌尿系感染 urinary system infection☐异位骨化 urinary system infection🞎自主神经反射亢进 autonomic hyperreflexia4.其他补充情况other supplemental conditions：  |
| 报送单位Institution of the reporter |  | 报送者姓名Name of reporter |  |
| 报送者电话Phone number of the reporter |  | 报送者邮箱E-mail of the reporter |  |
| 报送日期Date of report |  |

说明：在“导致脊髓损伤原因”和“患者目前情况”部分，点击符合患者情况的条目前面的☐，☐将会变成√。

Note：Touch the ☐ before the items in the box of “Causes of injury” and “Current conditions of the patient” that occur on the patient，the ☐ will turn into √.

**请您将表格发送回我们的邮箱：****xwhospitalkf@163.com****。非常感谢。**