**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 hyperreflexia  4.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**](mailto:xwhospitalkf@163.com)**。非常感谢。**