HEALTH HISTORY FORM

Name: _____ **DOB:** ____/____/____

Emergency contact: _____

Diagnosis: _____

Functional level: ☐ Sacral ☐ Low lumbar ☐ Mid lumbar ☐ High lumbar ☐ Thoracic

Medications: _____

Pharmacy: _____ **Phone:** _____

Allergies: _____

Equipment: Wheelchair ☐ Yes ☐ No Walker ☐ Yes ☐ No

Braces ☐ Yes ☐ No (Type: ☐ SMOs ☐ AFOs ☐ KAFOs ☐ HKFOs ☐ TLSOs)

Vendor: _____ Phone: _____

Urology: Dr. _____ Phone: _____

Need follow up: ☐ Every 6 months ☐ Yearly ☐ Every 2 years

Current bladder management: ☐ Void volitionally ☐ Vesicostomy ☐ Clean intermittent catheterization

Cathing: ☐ Urethra ☐ APV

Cath type: ☐ Straight ☐ Coude ☐ Hydrophillic ☐ Other: _____

Size: _____ Length: _____ Frequency: Every _____ hours

Vendor: _____ Phone: _____

Overnight care (if applicable): _____

Bladder irrigation: ☐ Yes ☐ No (Solution: _____ Frequency: _____)

Procedures: ☐ Bladder augmentation ☐ APV ☐ Vesicostomy ☐ Botox ☐ Bladder outlet ☐ Deflux ☐ Ureteral reimplantation ☐ Stone surgery ☐ Orchiopexy ☐ Orchiectomy

Past urology findings: ☐ Hydronephrosis ☐ Vesicoureteral reflux ☐ High pressure on VUD (≥40 cm H2O)

Bowel Program: Oral meds: _____

Evacuation: ☐ Suppository ☐ Enemeez ☐ Cone/balloon enema ☐ MACE/ACE ☐ Digital simulation ☐ Timed ☐ Disimpaction

Enema solution (if applicable): _____

Frequency of rectal intervention: ☐ Daily ☐ Every other day ☐ Other: _____

Neurosurgery: Dr. _____ Phone: _____

Need follow up: ☐ Every 6 months ☐ Yearly ☐ Every 2 years

Procedures: ☐ Fetal closure ☐ Postnatal closure ☐ Tethered cord release ☐ Chiari decompression ☐ Syrinx shunt ☐ Shunt placement Shunt type: _____ Programmable: ☐ Yes ☐ No

Skin Issues: History of wounds: ☐ Yes ☐ No Location: _____

Wound management (if applicable): _____

Orthopedic: Dr. _____ Phone: _____

Need follow up: ☐ Every 6 months ☐ Yearly ☐ Every 2 years

Conditions treated: ☐ Scoliosis ☐ Kyphosis ☐ Hip contracture ☐ Hip subluxation/dislocation ☐ Knee contracture ☐ Tibial torsion ☐ Foot deformity ☐ Clubfoot

Other specialties: _____

Other important health information: _____

Other surgeries not listed above: _____