



every day makes a difference

Patient Name _____

Date of Birth _____

NHS number _____

Please affix patient ID label or complete fields

Metastatic Spinal Cord Compression Admission proforma

Scan/ x-ray summaries:

Damage to vertebrae:

Level of compression:

Spinal Stability:

Bracing – when and how to wear:

Treatment had or planned:

Steroid regime:

What has patient been told: (MSCC leaflet from Christie given?)

Baseline function at time of diagnosis (if known):

- **Pain** |-----|
0 10

- **Sleeping**

- **Emotional State / Psychological issues**

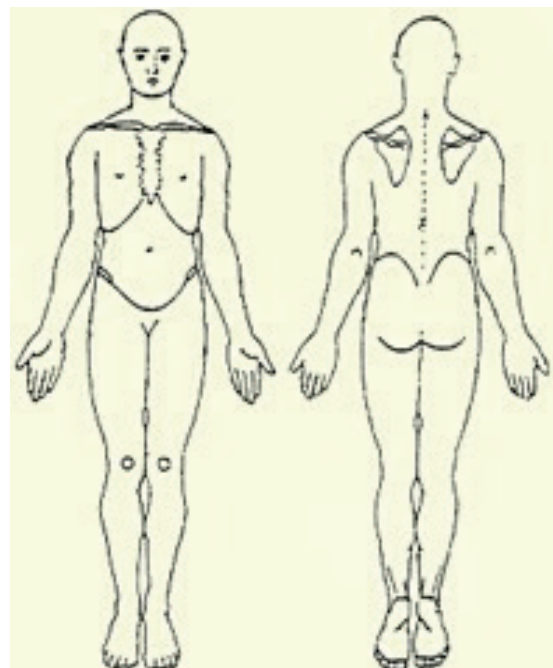
- **Elimination – bladder & bowel function**

Awareness

Preferences

- **Therapy interventions to date**

Physical Assessment: to include muscle power, dermatomes, flat bed rest details, proprioception, muscle tone, co-ordination.



Please send this form to:

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