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| **Patient Details** |
| **Surname:** Click here to enter text.**Forename:** Click here to enter text.**Address:** Click here to enter text.**Date of Birth:** Click here to enter text. | **NHS Number:** Click here to enter text.**CCC No. if known to Clatterbridge** Click here to enter text.**Site of Primary Cancer:** Click here to enter text.**GP & Address:** Click here to enter text. |
| **Date of Admission:** Click here to enter text.**Time of Admission:** Click here to enter text.**Date of Referral:** Click here to enter text.**Time of Referral:** Click here to enter text.**Patient Location:** Click here to enter text. | **Referrer/Designation (ST3 or above only):** Click here to enter text.**Referrer Contact Details:** Click here to enter text.**Referring Consultant:** Click here to enter text.**Referring Hospital Number:** Click here to enter text. |

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| **Presentation (more detail leads to a quicker response):** Click here to enter text.**Comorbidities / PMH:** Click here to enter text.**Regular medication:** Click here to enter text.**Allergies:** Click here to enter text.**NEWS: for last 24 hours and on admission. Please qualify any scores higher than 3 with explanation****Lines /Devices: list any drains, or lines in situ e.g. chest drain, IVI****Supplementary oxygen requirement:**  |

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| **Examination (full neurological examination required)** |
| **Motor deficit:** Click here to enter text.**Sensation / sensory level:** Click here to enter text.**Reflexes (present / absent / hyper – reflexive/ planter/ pathological):** Click here to enter text.**Bladder/ Bowel (PR examination performed):** Click here to enter text.**Skin inspection (intact/ pressure damage):** Click here to enter text. |

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| **Radiology** |

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| **MRI Whole Spine Date & Time:** Click here to enter text.**CT TAP Date & Time:** Click here to enter text. |

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| **MRI report:** Click here to enter text. |
| **CT report** |
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| **Investigations** |

**Please list all relevant tests and dates eg PSA, myeloma screen, FBC, U&E, LFT, calcium** |

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| **Performance Status:** |
| **0** Fully active, able to carry on all pre-disease performance without restriction [ ]  |
| **1** Restricted in physically strenuous activity but ambulatory and able to carry out work of a light or sedentary nature, e.g., light house work, [ ]  office work |
| **2** Ambulatory and capable of all selfcare but unable to carry out any work activities; up and about more than 50% of waking hours [ ]  |
| **3** Capable of only limited selfcare; confined to bed or chair more than 50% of waking hours [ ]  |
| **4** Completely disabled; cannot carry on any selfcare; totally confined to bed or chair [ ]  |

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| **Frankel Score** |
| **A** Absence of motor or sensory function below the level of the lesion [ ]  |
| **B** Absence of motor function but with some degree of sensitivity preserved below the level of the lesion [ ]  |
| **C** Some degree of motor function but without practical usefulness [ ]  |
| **D** Useful motor function, although there may be some abnormality of reflexes [ ]  |
| **E** Normal Sensory and motor function, although there may be some abnormality of reflexes [ ]  |