

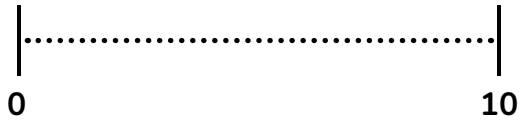
Patient Name	
Date of Birth	
NHS number	

Please affix patient ID label or complete fields

## Metastatic Spinal Cord Compression Admission Proforma

<b>Scan/ X-ray summaries:</b>
<b>Damage to vertebrae:</b>
<b>Level of compression:</b>
<b>Spinal stability:</b>
<b>Bracing – when and how to wear:</b>
<b>Treatment had or planned:</b>
<b>Steroid regime:</b>
<b>What has the patient been told: (MSCC leaflet from The Christie given?)</b>
<b>Baseline function at time of diagnosis (if known):</b>

Pain



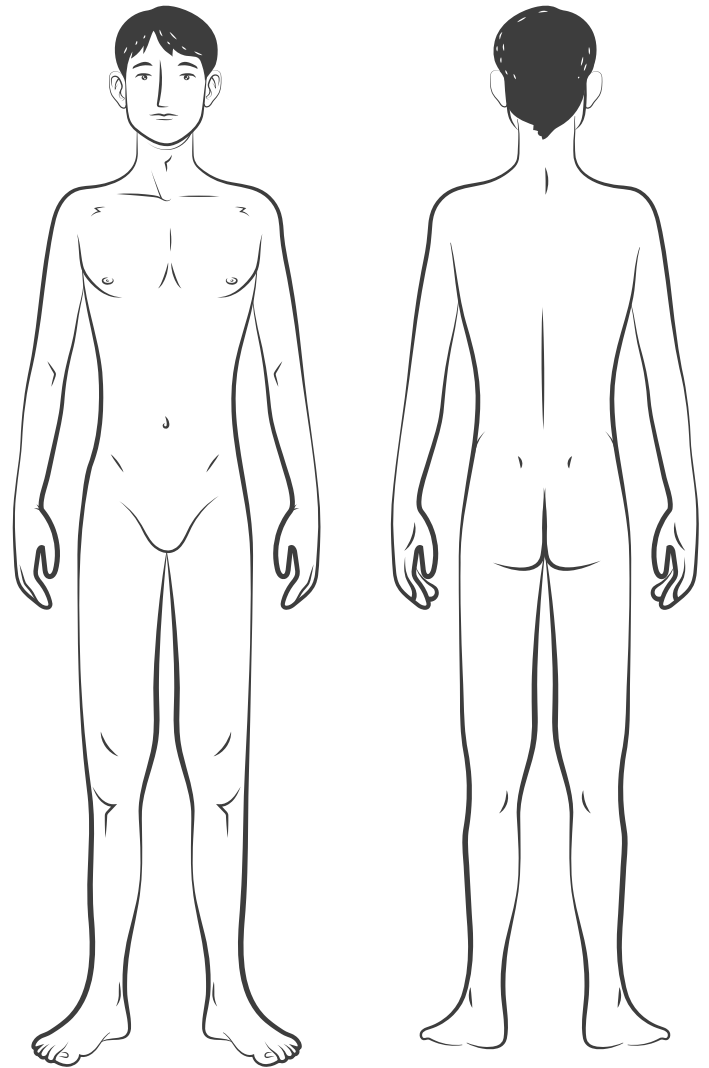
Sleeping

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:  
[nehgm.moyacolereferrals@nhs.net](mailto:nehgm.moyacolereferrals@nhs.net)

## Additional Information