

# SPINAL CORD INJURY (PLEGIC)

Producer Name: \_\_\_\_\_

CLIENT NAME: \_\_\_\_\_

Submit the Client Information Questionnaire with this form

1. List date of injury: \_\_\_\_\_

2. At what spinal cord level was the injury? (list specific vertebrae, if available)

Cervical spine \_\_\_\_\_

Thoracic spine \_\_\_\_\_

Lumbrosacral spine \_\_\_\_\_

3. Note current level of function:

Incomplete paraplegia

Complete paraplegia

Incomplete quadriplegia

Complete quadriplegia

4. Have any of the following occurred? (check all that apply)

Pneumonia

Skin ulcers

Urinary tract infection

Kidney impairment

Depression

5. Is client on any medications? (accurate name, dosage, and reason)

6. Does client have any other health issues? (Additional questionnaires may be required)

Please fax to 612-392-7644 or email to [mvp@mvp-servicesolutions.com](mailto:mvp@mvp-servicesolutions.com)

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