



Visit Details

1. Facility Name:

2. Facility Arrival Date:

(Record the earliest documented date. If participant transferred from acute at the same facility, please enter date of transfer to rehab.)

 / /
 YYYY MM DD

Enter as much of the date as is known.

3. Facility Arrival Time:

(Record the earliest documented time. If participant transferred from acute at the same facility, please enter time of transfer to rehab.)

 : 24 hour clock
 HH MM

Enter full or partial time.

4. Facility Discharge Date:

 / /
 YYYY MM DD

Enter as much of the date as is known.

5. Facility Discharge Time:

 : 24 hour clock
 HH MM

Enter full or partial time. If no details available, check Unknown.

☐ Unknown

CHART ABSTRACTION

VD-Rehab
Page 2 of 2

Visit Details - continued

6. a) Discharge Destination:

- ☐ **Hospital** (Rehabilitation hospital for ongoing SCI-related care as well as mental hospital, or other acute care hospital for management of continuing medical issues after spinal cord injury-related care and/or rehabilitation is completed. This does not include long term care in a hospital setting.)

Name of Hospital: _____

b) Level of Care:

(check ONE response only)

- ☐ Acute
☐ Rehab
☐ Transitional Care
☐ Other (specify): _____
☐ Unknown

- ☐ **Private residence** (includes house, condominium, mobile home, apartment, or houseboat)
- ☐ **Assisted living residence** (semi-independent housing, a middle option between home support and residential care)
- ☐ **Nursing home/ Long-term care within a hospital setting** (includes skilled nursing facilities and institutions providing long-term, custodial, chronic disease care, and extended care)
- ☐ **Group living arrangement** (includes transitional living facility or any residence shared by non-family members)
- ☐ **Hotel/motel** (includes short or long-term living arrangements, single room occupancy, etc.)
- ☐ **Correctional institute** (includes prison, penitentiary, jail, correctional centre, etc.)
- ☐ **Homeless** (includes cave, car, tent, street, etc.)
- ☐ **Morgue**
- ☐ **Other (specify):** _____

Skip to Question 77. **Physician Most Responsible for Rehab**

Care: (physician or psychiatrist [not resident or fellow] who provided overall direction of care)

Provide last name, first initial (and second initial if available).

Data Collection Details

Collected by: (please print name)		Initial Here:		Date Abstraction Completed:	YYYY-MM-DD
---	--	----------------------	--	------------------------------------	------------