



Medical History - Injury

Did participant come directly to this facility from site of injury?

☐ Yes

☐ No, participant came to this facility via another hospital

1. Injury Time:

:
HH MM

24 hour clock

- Enter full or partial time if known.
- If actual time is unknown, please enter best estimate and check "Estimated".
- If no details available, check "Unknown".

☐ Estimated

☐ Unknown

2. Mechanism of Injury: If more than one mechanism, record top-ranked as follows:

Sports 1st ranking
Assault 2nd ranking
Transport 3rd ranking
Fall 4th ranking

(e.g., vehicle crash = Transport; vehicle crash during auto racing = Sports)(e.g., fall to ground = Fall; when intentionally pushed by another person = Assault)

- ☐ Sports (complete section 2a. only)
- ☐ Assault – blunt (skip to Question 3 on page 3)
- ☐ Assault – penetrating (skip to Question 3 on page 3)
- ☐ Transport (complete section 2b. only on page 2)
- ☐ Fall (complete section 2c. only on page 2)
- ☐ Other traumatic cause (specify): _____ (skip to Question 3 on page 3)
- ☐ Unspecified or unknown (skip to Question 3 on page 3)

a) If sports related injury, please provide a brief description (e.g., identify type of sport and circumstances of injury if available) and indicate type of sport/exercise/leisure activity:

Description: _____

(e.g., hit from behind, went headfirst into the boards while playing hockey)

- ☐ Team ball sports (e.g., football, basketball)
- ☐ Team bat or stick sports (e.g., hockey, baseball)
- ☐ Team water sports (e.g., water polo)
- ☐ Boating sports (e.g., kayaking, jet skiing, sailing)
- ☐ Individual water sports (e.g., diving, surfing)
- ☐ Ice or snow sports (e.g. skiing, snowboarding)
- ☐ Individual athletic activities (e.g., aerobics, track and field)
- ☐ Acrobatic sports (e.g., gymnastics, cheerleading)
- ☐ Aesthetic activities (e.g., dancing, marching)

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- ☐ Racquet sports (e.g., tennis, squash)
- ☐ Target/precision sports (e.g., archery, paintball)
- ☐ Combative sports (e.g., boxing, karate)
- ☐ Power sports (e.g., weightlifting, timber-related sports)
- ☐ Equestrian sports (e.g., rodeo, show jumping; horseback riding)
- ☐ Adventure sports (e.g., rock climbing, hiking)
- ☐ Wheeled motor sports (e.g., motorcycling, All-terrain vehicle, snowmobiling)
- ☐ Wheeled non-motorsports (e.g., cycling, skate boarding)
- ☐ Multidiscipline sports (e.g., triathlon, decathlon)
- ☐ Aero (non-motored) sports (e.g., paragliding, parachuting)
- ☐ Other school-related recreational activities (e.g., school physical education class, school free play)
- ☐ Other specified sport-exercise activity (not listed above)
- ☐ Unspecified sport/exercise activity (specific sport/exercise unknown)

b) If transport related injury, please provide a brief description (e.g., identify type of transport and circumstances of injury if available) and indicate type of transport involved:

Description: _____

(e.g., riding bicycle to work when hit by a car)

- ☐ Pedestrian (e.g., bystander)
- ☐ Pedal cycle (e.g., cycle rickshaw, unpowered bicycle)
- ☐ Other non-motorized transport device (e.g., animal-drawn vehicle, animal being ridden)
- ☐ Two-wheeled motor vehicle (e.g., moped, Vespa™)
- ☐ Three-wheeled motor vehicle (e.g., motorized tricycle, motorized rickshaw)
- ☐ Light transport vehicle with four or more wheels (e.g., motor car, passenger van)
- ☐ Heavy transport vehicle (e.g., bus, rig)
- ☐ Rail vehicle (e.g., train, monorail)
- ☐ Special industrial, agricultural, or construction vehicle (e.g., forklift, coal-car in mine)
- ☐ Special all-terrain or off-road vehicle (e.g., dirt bike, dune buggy)
- ☐ Watercraft (e.g., freighter, oil tanker)
- ☐ Aircraft (e.g., airplane, glider)
- ☐ Other specified mode of transport (e.g., ski chair-lift, ice- and land-yacht)
- ☐ Unspecified mode of transport

c) If fall related injury, please provide a brief description (e.g., identify type of fall and circumstances of injury if available) and indicate type of fall involved:

Description: _____

(e.g., tripped over coffee table while running to answer the phone, fell headfirst onto floor)

- ☐ Falling/stumbling by tripping on same level
- ☐ Falling/stumbling by slipping on same level
- ☐ Falling/stumbling/jumping/pushed from a height less than 1 meter (approximately 4-5 stairs)

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- ☐ Falling/stumbling/jumping/pushed from height 1 metre or more
- ☐ Falling/stumbling/jumping/pushed on stairs/steps
- ☐ Other falling/stumbling/jumping/pushed

3. Energy (Related to Mechanism of Injury):

- ☐ **High** (falls over 6 meters or 20 feet [2 or more stories], passenger ejected from automobile, death in same passenger compartment, extrication time greater than 20 minutes, vehicle roll over, high speed auto crash, initial speed greater than 65km/hr or 40 mph, major auto deformity greater than 51 cm or 20 inches, auto-to-pedestrian/auto-to-bicycle injury with significant impact that is greater than 8km/h or 5mph, pedestrian struck and thrown or run over, motorcycle, bicycle or motocross crash greater than 32 km/h or 20 mph with separation of rider from vehicle, gunshot wound)
- ☐ Low
- ☐ Unknown

4. Geographic Region of Injury:

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First 3 characters of postal code of geographic location where the injury occurred.

- ☐ Unknown postal code
If Unknown, enter City & Province: _____
- ☐ Outside of Canada

5. Emergency Health Services (EHS) Arrival at Injury Scene:

(this information may be found in the initial injury ambulance report as "Time At Scene")

- ☐ Not applicable (did not get transported from scene of injury via Emergency Health Services)

Date of EHS arrival at scene:

				/			/		
YYYY					MM			DD	

Enter as much of the date as is known. If no details available, check Unknown.

- ☐ Unknown

Time of EHS arrival at scene:

		:		
HH			MM	

24 hour clock

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

- ☐ Unknown

6. Work Related Injury: (cause of injury related to paid work activity)

- ☐ Yes
- ☐ No
- ☐ Unknown

7. Is the injury a direct result of an accident suffered while on military service?

- ☐ Yes
- ☐ No

8. Did injury result in a spinal column injury?

(Any disruption through the spinal column including the bony vertebral elements and their supporting ligaments, capsules, discs, and other supporting soft tissues. Please note: a participant may have a traumatic SCI [i.e., be eligible for RHSCIR] and no traumatic spinal column injury [e.g., SCIWORA, stenosis, spondylosis].)

Spinal Column = bony vertebral elements and/or their supporting discs, ligaments, capsules, or other supporting soft tissues

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- ☐ Yes (there IS a traumatic injury to the spinal column)
- ☐ No (there is NO traumatic injury to the spinal column; although there may be degenerative changes [i.e. stenosis, spondylosis] or SCIWORA (SCI without radiographic abnormality))

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- 9. a) Previous Laminectomy:** ☐ Yes
☐ No

b) If YES, give location detail:

(vertebral levels e.g., C3-C5)

- 10. a) Previous Fusion:** ☐ Yes
☐ No

b) If YES, give location detail:

(vertebral levels e.g., C3-C5)

- 11. Prior to the time of their injury, did the participant ever have any of the following health conditions (either resolved or ongoing)?**

(Check ALL that apply. Do not include anything that happened concurrently with the SCI. E.g., bone fracture)

- ☐ No health conditions prior to their injury (i.e., previously healthy; skip to Glasgow Coma Scale on page 7)
- ☐

Cardiovascular:

- ☐ Myocardial infarction (i.e., heart attack)
- ☐ Congestive heart failure (i.e., heart failure)
- ☐ Peripheral vascular disease (i.e., blockage of the peripheral vascular system in the legs)
- ☐ Cerebrovascular disease (i.e., disease/abnormality of the vascular system of the brain leading to a cerebrovascular accident (CVA) [e.g. stroke or hemorrhage, aneurysm, transient ischemic attack])
- ☐ Coronary artery disease

Lung Disease:

- ☐ Asthma
- ☐ Chronic lung disease (e.g., chronic obstructive pulmonary disease [including emphysema and chronic bronchitis], tuberculosis, etc.)
- ☐ Sleep Disordered Breathing (including obstructive sleep apnea)

Liver Disease:

- ☐ Liver disease (i.e., cirrhosis or serious liver damage [e.g. hepatitis])
- With portal hypertension (with or without variceal bleeding), or chronic hepatitis?
- ☐ Yes
- ☐ No
- ☐ Unknown

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Diabetes:☐ Diabetes (i.e., high blood sugar)

With end organ damage? (e.g., kidney or eye problems related to diabetes)

☐ Yes☐ No☐ Unknown

Has participant received some form of treatment for this problem?

☐ Yes☐ No☐ Unknown

If Yes, what type of treatment(s)? (check ALL that apply)

☐ Diet modification☐ Medications taken by mouth (e.g., Metformin, Glyburide, Glipizide)☐ Insulin injections☐ Other (specify): _____**Cancer:** (please check 'Any malignancy' if only "cancer" is documented in the medical record)☐ Any malignancy (i.e., solid tumors without documented metastases; [e.g., breast, lung, etc.,])☐ Leukemia (i.e., cancer of the white blood cells)☐ Lymphoma (i.e., cancer of the lymphatic system)

Malignant?

☐ Yes☐ No☐ Unknown☐ Metastatic solid malignancy (i.e., solid tumors with documented metastases [e.g. breast, lung, etc.,])**Psychiatric conditions:**☐ Depression/Mood problems☐ Major psychiatric conditions (e.g., schizophrenia, bipolar disorder, etc.)☐ Dementia (i.e., progressive or permanent deterioration of mental status [e.g., Alzheimer's disease] diagnosed in the past)**Other:**☐ Ulcer disease (i.e., gastric ulcer or peptic ulcer disease)☐ Hemiplegia (i.e., difficulty moving an arm or a leg as a result of a cerebrovascular accident (CVA) or other condition)☐ Kidney disease (e.g., poor kidney requiring haemodialysis, peritoneal dialysis, or kidney transplant)☐ AIDS (i.e., the syndrome caused by the HIV virus characterized by the presence of an opportunistic infection such as pneumocystis carni or Kaposi's sarcoma [the presence of HIV is not a diagnosis of AIDS])☐ Osteoarthritis/degenerative arthritis (i.e., a non-inflammatory type of arthritis in which one or many joints may undergo degenerative changes)

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- ☐ Osteoporosis (i.e., abnormal loss of bone density)
- ☐ High blood pressure/hypertension (i.e., ongoing blood pressure readings that are higher than 140/90 mmHg [normal is 120/80 mmHg])
- ☐ Documented history of excessive alcohol intake/use (this may be found in the 'Social History' section of the consult notes)
- ☐ Bone fractures
- ☐ Connective tissue disease (e.g., rheumatoid arthritis, lupus)
- ☐ Pre-existing spinal cord injury (must complete question 12)
- ☐ None of the health conditions listed above (i.e., participant has a health condition not listed; skip to Glasgow Coma Scale on page 7)

12. If pre-existing spinal cord injury, please provide:**a) Neurological level at time of previous injury:**

(e.g. C5)

☐ Unknown**b) ASIA Impairment Scale (AIS) at time of previous injury:**☐ A☐ B☐ C☐ D☐ Cauda equina injury☐ Unknown**c) Date of onset of SCI:**

				/			/		
YYYY					MM			DD	

☐ Unknown

Enter as much of the date as is known. If no details available, check Unknown.

d) Neurological level immediately prior to current injury: (e.g. C5)☐ Unknown**e) AIS immediately prior to current injury:**☐ A☐ B☐ C☐ D☐ E☐ Cauda equina injury☐ Unknown

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Glasgow Coma Scale:**a) Field Scores:****13. Best Eye Response:**

____ (1-4)

☐ Unknown**14. Best Verbal Response:**

____ (1-5, T)

☐ Unknown**15. Best Motor Response:**

____ (1-6)

☐ Unknown**b) Facility Scores:****16. Best Eye Response:**

____ (1-4)

☐ Unknown**17. Best Verbal Response:**

____ (1-5, T)

☐ Unknown**18. Best Motor Response:**

____ (1-6)

☐ Unknown**Data Collection Details**

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