

Spina Bifida Medical History

1. Type of Spina Bifida:

- Myelomeningocele Meningocele Occulta
 Lipomyelomeningocele Other: _____

2. Level of Spina Bifida Lesion: _____

3. Hydrocephalus? Yes No

4. Shunt? Yes No Date Put In: _____
 Programmable Traditional _____

5. Tethered Cord? Yes No _____

6. Chiari Malformation? Yes No _____

7. Scoliosis? Yes No _____

8. Catheterization: Yes No
 Self Parent/Guardian School Other: _____

How often? _____

Size of Catheter _____

Other means of staying dry: _____

9. History of Urinary Tract Infections (UTIs)?
 Yes No _____

10. Bowel Management
Supplements Used: _____
Dietary Restrictions: _____

11. Ambulation:
 Ambulatory without assistive devices
 Wheelchair _____
 Braces _____
 Crutches _____
 Other Orthotics _____