



Spinal Cord Injury Saskatchewan Inc.
Lésions Médullaires Saskatchewan
(formerly Canadian Paraplegic
Association (Sask) Inc.)

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Mission Statement

To assist persons with spinal cord injuries and other physical disabilities to achieve independence, self-reliance and full community participation.

CONFIRMATION OF DISABILITY FORM

Patient's Name: _____

Address: _____

City: _____ Postal Code: _____ Ph: _____

E-Mail Address: _____ Date of Birth: _____

Please ensure the remainder of this form is completed by a health care professional:

Diagnosis (Please Check) Spinal Cord Injury Multiple Sclerosis Cerebral Palsy Spina Bifida Post-Polio
Muscular Dystrophy Amputation Other (please indicate): _____

Is the spinal cord affected? Yes No

Date of Onset: _____ Cause of Injury _____

Level of Spinal Cord Injury: _____ Complete _____ Incomplete _____ No Deficit _____

Is disability permanent? Yes No

Mobility Function

- Unassisted
- Aid assisted occasionally
- Aid assisted frequently
- Aid assisted at all times

Primary Mobility Aid

- Protheses
- Cane, Walker, Crutches
- Scooter
- Manual Wheelchair
- Electric Wheelchair

Care

- No support services
- Personal Attendant
- Home support
- Professional Service
- Family

Comments: _____

Signature of Health Care Professional

Health Care Professional's Name (please print)

Date: _____

Profession: _____

Address: _____

City: _____ Prov: _____

Postal Code: _____ Ph: _____

We value your privacy and will only use your personal information for the delivery of SCI Saskatchewan programs and services. By completing this form you are consenting to receive SCI Saskatchewan programs and services.

(Revised Feb.6th, 2017)