

Spina Bifida and Hydrocephalus Supplement

MY PRIMARY (MAIN) CONDITION/DIAGNOSES

My primary condition/s have been diagnosed as:

[Tick the box to indicate the level/type of lesion of the Spina Bifida and shunt presence to manage Hydrocephalus.]

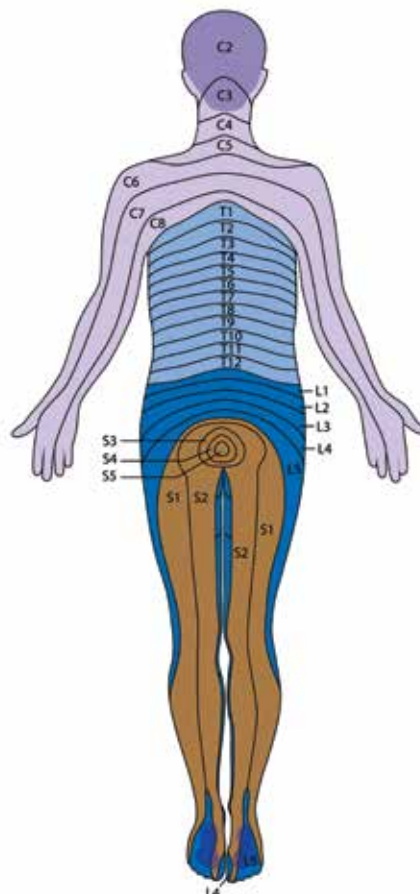
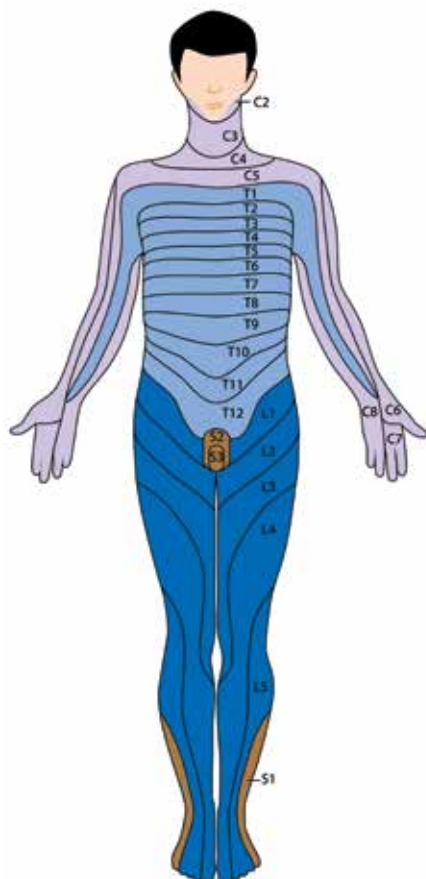
SPINA BIFIDA

- MYELOMENINGOCELE
- MENINGOCELE
- OCCULTA
- LIPOMA
- ARNOLD CHIARI II MALFORMATION

HYDROCEPHALUS

- VA SHUNT
- VP SHUNT
- NO SHUNT
- NON FUNCTIONING SHUNT
- OTHER

My sensory level is



MY SPINA BIFIDA AND HYDROCEPHALUS MONITORING TEST CHECKLIST

[Fill out this checklist of routine tests and examinations to monitor your SBH so you can prevent complications from SBH.]

TEST	WHEN TO HAVE TEST	DATE OF LAST TEST	DATE NEXT TEST DUE	NOTES ABOUT TEST OR RESULTS
Bladder ultrasound	As needed			
CT scan/MRI	As needed			
Cystoscopy (10 years after augmentation, then yearly)	At 10 years then yearly			
Renal blood test	As needed			
Renal scan	As needed			
Renal ultrasound	Every 2 years			
Spine Xray/MRI	As needed			
Urodynamic studies	As needed			
Urinalysis	As needed			
Other tests I have done				

