

## Spinal Cord Injury Health Management Plan

The Hunter Spinal Cord Injury Service has designed an easy to use tool for people with spinal cord injury (SCI) to communicate their health care needs.

The aim of the tool is to empower people with SCI to express their knowledge of their own care when presenting to health care facilities or other health care provider settings.

Designed to be carried with the client at all times, this handy, credit-card sized, fold-out zip-card contains up-to-date information about spinal cord injury management, as well as lots of space for the client to write their own details about how they manage their spinal cord injury.

Other important features include:

- an area for medications to be listed and updated
- the date of which the plan was written and/or revised
- a list of other contacts involved with the client and links to resources relevant to SCI management.

Front Cover:

Back Cover:

For further information contact Hunter Spinal Cord Injury Service: phone +61 2 49257888.

Available at a small cost – see attached order form.

Hunter New England Local Health District  
ABN 63 598 010 203

# ORDER FORM

This order form will be a Tax Invoice for GST purposes upon receipt of payment

## SCI HEALTH MANAGEMENT PLAN

**Cost: \$5 per card or**  
**\$200 for 50 (save \$50) or**  
**\$400 for 100 cards (save \$100)** (+ \$ GST)

Please add \$7.00 for postage & handling (if outside of HNELHD)

Name: .....  
Service: .....  
Address: .....  
Phone: .....  
e-mail: .....

### PAYMENT METHODS:

**CHEQUE/ MONEY ORDER:** *Cheque/Money Order to be made payable to:*  
**“Hunter New England Local Health District”**  
**(Hunter Spinal Cord Injury Service)**

**CREDIT CARD:** *Type of credit card (please circle):*  
**VISA / MASTERCARD**  
Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Expiry Date: \_\_ / \_\_  
Name on Card: .....  
Amount: \$.....  
Signature: .....

**JOURNAL TRANSFER:** *Payment by HNELHD Journal Transfer*  
Cost Centre: .....  
Amount: \$ .....  
Manager's Name: .....  
Manager's Signature: .....  
Service Details: .....

**Please send your completed form & payment to:**

**Via Mail:** **Hunter Spinal Cord Injury Service (HSCIS)**  
**621 Hunter Street**  
**NEWCASTLE WEST NSW 2302**

**Or Via Fax:** +61 2 4925 7880 (for HNELHD services ONLY)

**For enquiries please call HSCIS on ph: +61 2 4925 7888**