

**Brain & Spinal Cord Injury Program**  
**DISABILITY DETERMINATION RED FLAG FOR SPINAL CORD INJURY**



*This individual was reported to the Central Registry as having a traumatic brain or spinal cord injury. The purpose of this form is to assist the Social Security Administration and the Division of Disability Determinations in expediting the review and determination of disability and eligibility for benefits. Your assistance in completing this form will aid this client in obtaining medical and financial assistance*

Patient/Client: \_\_\_\_\_

SSN #: \_\_\_\_\_

DATE OF INJURY: \_\_\_\_\_

**DIVISION OF DISABILITY DETERMINATIONS**  
**DEFINITION OF SPINAL CORD INJURY:**

Traumatic injury to the spinal cord or nerve root with significant and persistent disorganization of motor function in two extremities, resulting in sustained disturbance of gross and dexterous movements or gait and station more than 3 months post trauma.

Level of Injury \_\_\_\_\_

Degree of Neurological Deficit:

Secondary Complications Yes \_\_\_\_\_ No \_\_\_\_\_

COMPLETE: \_\_\_\_\_ INCOMPLETE: \_\_\_\_\_

If Yes, Describe: \_\_\_\_\_

**FUNCTIONAL SKILLS {Check any applicable items}**

	DEPENDENT	ASSISTED	INDEPENDENT
Dressing	_____	_____	_____
Bathing	_____	_____	_____
Walking	_____	_____	_____
Wheelchair Mobility:			
Manual	_____	_____	_____
Electric	_____	_____	_____
Transfers	_____	_____	_____
Feeding	_____	_____	_____
Communication	_____	_____	_____
Grooming / Hygiene	_____	_____	_____
Driving	_____	_____	_____

**FEASIBILITY TO RETURN TO GAINFUL  
ACTIVITY IN 12 MONTHS:**

\_\_\_\_\_ YES \_\_\_\_\_ NO

PRIMARY TREATING PHYSICIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*NOTE: Must be attached with Supportive Medical, Psychological and Social Security Referral Documentation*