

LP Clinic

Please complete the survey below.

Thank you!

MR# _____

Age of patient _____

Weight (kg) _____

Height (cm) _____

BMI _____

I am a PGY PGY2
 PGY3
 PGY4

I have done ___ number of LPs 1-5
 6-10
 11-15
 16-20
 20-25
 26-30
 >30
 info not available

Patient was referred from Neurology
 Ophthalmology

If not for this clinic, the referring would have performed the LP himself/herself
 referred to radiology for LP

What was the indication for the LP?
 idiopathic intracranial hypertension (IIH)
 autoimmune disease (e.g., multiple sclerosis, neuromyelitis optica)
 normal pressure hydrocephalus (NPH)
 Alzheimer's disease/neurodegenerative dementing process
 Infection
 Other

If "Other" for reason for LP, please specify _____

This LP was successfully completed at bedside True
 False

Did the attending assist with obtaining the LP? No
 Yes
 info not available

This LP was completed in ___ number of attempts (i.e.,
at how many separate intervertebral attempts)

- 1
- 2
- 3
- 4 or more

High or low volume LP?

- 20 cc or less
- Greater than 20 cc (high volume LP)

How much CSF was removed?

Patient positioning was:

- lateral decubitus
- seated

Complications?

- Yes
- No

Specific complications

- Headache
- Back pain
- Other

If "Other" complication, please specify
