



Name <i>(last, first)</i>		
Birthdate <i>(yyyy-Mon-dd)</i>		Gender
PHN#	ULI#	
MRN		

This Risk Assessment Tool must be completed by the surgeon/medical delegate for all patients prior to performing elective or emergent:

- Surgery, investigations, or procedures involving the
 - Brain
 - Spinal cord and spinal ganglia
 - Dura Mater
 - Pituitary gland
 - Retina or optic nerve
 - Trigeminal ganglia
- All spine surgeries
- Procedures to access the spinal canal or sample cerebrospinal fluid (CSF)
(Exception: Lumbar/spinal tap using disposable instruments)

If this is a repeat procedure and the risk assessment tool has already been completed, **providing the patient’s neurological condition is unchanged**, then this risk assessment tool does not need to be completed again.

The surgeon/medical delegate must assess the patient prior to booking the surgical procedure, using the following questions.

Any “Yes” answer triggers CJD precautions

Risk Factors	Yes	No
Does the patient have unexplained progressive dementia (or ataxia or myoclonus or neuropsychiatric syndromes) in whom diagnostic brain biopsy is considered appropriate in order to establish or exclude a diagnosis and the neuroradiology shows no evidence of: <ul style="list-style-type: none"> • A space – occupying lesion and/or • Multifocal lesions 		
Do medical investigations indicate high risk for CJD? (e.g. MRI indicates CJD changes; LP-CSF sent for 14-3-3 protein)		
Has the patient been notified that he/she is at risk of CJD for public health purposes?		
Is the patient considered at high risk of transmitting CJD because of a diagnosis of confirmed, probable, or possible CJD, or is there a confirmed family history of CJD?		
If any answers are “Yes” in the above screening	➔ Surgeon/medical delegate implements CJD precautions	
If all answers are “No” in the above screening	➔ Routine practices apply	
Date <i>(yyyy-Mon-dd)</i>	Physician Name <i>(please print)</i>	Signature