

Adult Referral Form

P1: Summary. P2: Detailed Injury Notes; Post & Email Instructions. ** Denotes essential information.

Today's Date:	<input type="text"/>	Date of Injury:	<input type="text"/>			
Patient	*Patient's Name:	<input type="text"/>	*DOB / NHS ID: <input type="text"/>			
	*Address:	<input type="text"/>	*Town/ City: <input type="text"/> *Post Code: <input type="text"/>			
	Phone/ Email:	<input type="text"/>	GP: <input type="text"/>			
	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Dominant Hand: <input type="checkbox"/> L <input type="checkbox"/> R	Occupation: <input type="text"/>	Interpreting Language: <input type="text"/>		
Other Injuries	Head	<input type="text"/>	Chest <input type="text"/>			
	Abdomen	<input type="text"/>	Limbs <input type="text"/>			
Summary of Treatment So Far	<input type="text"/>					
Brachial Plexus Details	Side Affected: <input type="checkbox"/> L <input type="checkbox"/> R	Open or Closed Injury? <input type="checkbox"/> Open <input type="checkbox"/> Closed	Pulses in Affected Limb: <input type="checkbox"/> Present <input type="checkbox"/> Absent			
	If pulses absent, is there critical limb ischaemia? <input type="checkbox"/> Y <input type="checkbox"/> N		Homer's Sign? <input type="checkbox"/> Y <input type="checkbox"/> N			
	Site of Bruising: <input type="text"/>	Fractures/ Dislocations: <input type="text"/>				
Medical History	<input type="text"/>					
Medications	<input type="text"/>					
Other	MRSA Status: <input type="text"/>	Date Swabs Taken: <input type="text"/>	Tetanus: <input type="text"/>			
	C2H5OH Withdrawal: <input type="text"/>	Excessive Alcohol? <input type="checkbox"/> Y <input type="checkbox"/> N	Drugs IVDA)? <input type="checkbox"/> Y <input type="checkbox"/> N			
Motor Assessment: Active movements MRC Grade (0-5)	Shoulder External Rotation (Infraspinatus)	<input type="text"/>	Elbow Flexion (Biceps)	<input type="text"/>	Finger Flexion	<input type="text"/>
	Shoulder Abduction (Deltoid)	<input type="text"/>	Elbow Extension (Triceps)	<input type="text"/>	Thumb Abduction (Thenar Muscles)	<input type="text"/>
	Shoulder Adduction (Pectoralis Major)	<input type="text"/>	Wrist Extension	<input type="text"/>	Finger Adduction (Intrinsic Muscles)	<input type="text"/>
Sensory Assessment	Dermatomes					
		C5	C6	C7	C8	T1
	Normal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Altered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Investigation Results	MRI / CT-myelography	<input type="text"/>	Date:	<input type="text"/>		
	Chest X-ray	<input type="text"/>	Date:	<input type="text"/>		
	C-spine X-ray	<input type="text"/>	Date:	<input type="text"/>		
Referrer	*Your Name:	<input type="text"/>	*Designation:	<input type="text"/>		
	*Location:	<input type="text"/>	*Contact:	<input type="text"/>		
	*Consultant	<input type="text"/>	*Contact:	<input type="text"/>		
	Local Therapist:	<input type="text"/>	Designation / Contact:	<input type="text"/>		

Details of incident (low or high-energy, penetrating etc). Please put anything you can't fit on this page on a separate document.

Empty box for incident details.

Save as a Word Document or PDF then email to:

brachial.plexus@ggc.scot.nhs.uk

Or send by post to:-

SNBPIS c/o Orthopaedics
REH030 Therapies Department
New Victoria Hospital
GLASGOW
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