# ADULT BRACHIAL PLEXUS INJURY SERVICE

REH 030 Orthopaedic Secretaries
New Victoria Hospital
GLASGOW G42 9LF

Tel: 0141 347 8916
Email: brachial.plexus@ggc.scot.nhs.uk
Web: www.brachialplexus.scot.nhs.uk

NHS Greater Glasgow and Clyde

Name

Address

CHI | DoB

Phone | Sex

Email

NHS Board

Occupation

Dominant Hand | Social Support

Referral Date | Date of injury | Date first seen | Date of Disch

Source of Referral

Consultant

General Practitioner

Brachial Plexus Operations

1st Operation **No** | Date of 1st Op

2nd Operation **No** | Date of 2nd Op

3rd Operation **No** | Date of 3rd Op:

Other injuries

Previous treatment

MRI/CT Scans (most recent) **No**

Date Req | Date Complete

Date Req 2 | Date Complete 2

Side Affected | Open/Closed Injury **Closed**

Horner's ? **No** | Arterial Injury **No**

Pulses present? **Yes** | If absent, critical limb ischaemia?

Tinel's ? **No**

Site of bruising

Neurophysiology (most recent) **No**

Date Req | Date Complete

Date Req 2 | Date Complete 2

Relevant Past Medical History

Chest X-ray

Cspine X-ray

Mechanism Category

Mechanism of injury

Diagnostic Category

Diagnosis

List of Medications

Comments

MRSA Status | Date swabs taken:

Drugs (IVDA) | Excessive alcohol