## SCOTTISH NATIONAL BRACHIAL PLEXUS INJURY SERVICE

Tel: 0141 347 8916

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## **Brachial Plexus Injury Referral**

(\*) Required information. Please put anything that doesn't fit within fields in a separate document or email. For birth injuries please use the <u>OBPI Referral Form</u>.

* Today's Date:	* Date of Injury:						* Date of Birth / or Scottish CHI:					
*Patient's Name:						*Address:						
*Town /City:				*Post- code:		*Health Board:				Sex:	М	□F
Phone /Email:							<b>G.P.</b> (if non-Glasgow):					
Other	Dominant Hand:		R	Occupation:					Interpre Langua	eting age:		
*Mechanism of Injury and History (Low or highenergy, penetrating etc.)  *Other Injuries  *Treatment So Far (Brief)												
*Motor Assessment: Active movements MRC Grade (0-5)	Should	lder External Rotatior (Infraspinatus er Abduction (Deltoid Adduction (Pectoralis Major	)	<b>V V</b>		oow Flexion ( w Extension ( Wrist Ex	Triceps	<b>V V</b>		ımb Abd	Finger Flexion  uction (Thenar Muscles)  uction (Intrinsic Muscles)	<b>V V</b>

*Sensory Assessment	Dermatomes		C5	C6	C7	C8		T1		
	Normal									
		Altered								
		Absent								
Investigation Results (brief summary - if you have full reports please leave blank and send separately)	MRI / CT- myelo graphy:	-					Date:			
	Chest X-ray:						Date:			
	C-spine X-ray:		Date:							
	Neurophys:						Date:			
Brachial Plexus Details	Side Affected: L R Open or Closed Horner's Y N Arterial Y N Pulses Present Affected Limb: Y N If pulses absent, is there critical limb ischaemia? Y N Tinel's: Y N Site of Bruising: Dislocations:									
Past Medical History (Brief)										
Medications										
Other	MRSA Status:		Date Swabs Taken:	D	rugs Y	N Excessive Alcohol?	ΠΥ	□N		
*Referrer: *Designation/Department:										
*Hospital/Location: *phone/email:										
*Consultant (if different from above): phone/email:										
Therapist /Other: phone/email:										
Save as a Word Document or PDF then email to: <a href="mailto:brachial.plexus@ggc.scot.nhs.uk">brachial.plexus@ggc.scot.nhs.uk</a>										

Or by post to:-

Brachial Plexus Injury Service
Trauma & Orthopaedics
REH030 Therapies Department
New Victoria Hospital
GLASGOW
G42 9LF