

# CHILDREN'S BRACHIAL PLEXUS INJURY SERVICE



Clinics held at:  
Royal Hospital for Children  
GLASGOW  
G51 4TF

Admin Address:-  
REH030, New Victoria Hospital  
GLASGOW  
G42 9LF

Tel: 0141 347 8916  
Email: [brachial.plexus@ggc.scot.nhs.uk](mailto:brachial.plexus@ggc.scot.nhs.uk)  
Web: [www.brachialplexus.scot.nhs.uk](http://www.brachialplexus.scot.nhs.uk)

## Patient's Details

Name	<input type="text"/>	<input type="text"/>	CHI	<input type="text"/>
Address	<input type="text"/>		Age	<input type="text"/>
Address2	<input type="text"/>	<input type="text"/>	D.O.B.	<input type="text"/>
Tel.	<input type="text"/>	NHS Board <input type="text"/>	Hosp. No.	<input type="text"/>
G.P.	<input type="text"/>		Other ID:	<input type="text"/>

## Referral Details

Referral Date	<input type="text"/>	Paed/Obstet/Neonat.	<input type="text"/>
Date 1st seen	<input type="text"/>	Physiotherapist	<input type="text"/>
Referral Source	<input type="text"/>	Occupational Therapist	<input type="text"/>

## Injury Details

Side Affected	<input type="text"/>	Birth Weight	<input type="text"/>
Diagnosis	<input type="text"/>	Narakas Group	<input type="text"/>
Delivery	<input type="text"/>	Roots Involved	<input type="text"/>
Fracture at Birth	<input type="text"/>	Horner's	<input type="text"/>
Biceps Recovery	<input type="text"/>	Handedness	<input type="text"/>

## Surgery

1st Op	<input type="text"/>	Date	<input type="text"/>	2nd Op	<input type="text"/>	Date	<input type="text"/>	3rd Op	<input type="text"/>	Date	<input type="text"/>
<input type="text"/>			<input type="text"/>			<input type="text"/>					

## Diagnostics

Neurophysiology (most recent)	Y/N:	<input type="text"/>	Ultrasound/MRI/CT (most recent)	Y/N:	<input type="text"/>		
Date Req1	<input type="text"/>	Date Comp1	<input type="text"/>	Date Req1	<input type="text"/>	Date Comp1	<input type="text"/>
Date Req2	<input type="text"/>	Date Comp2	<input type="text"/>	Date Req2	<input type="text"/>	Date Comp2	<input type="text"/>
<input type="text"/>				<input type="text"/>			

## Comments

### Other Disease

<input type="text"/>	<input type="text"/>	SLT	<input type="text"/>
		CDC	<input type="text"/>
		SCBU	<input type="text"/>