

## \*\*OBPI REFERRAL FORM

Patient's Details					Referrer's Details				
*Name		DOB			*Name				
* NHS I.D.		M		F	*Designation				
*Address & Post-Code					* Hospital				
Phone / Email					Phone / Email				
GP					*Consultant				
GP Practice					Phone / Email				
Phone / Email									

Clinical Details									
Birth-weight		*Side affected (L/R)		Fracture at Birth? (Clavicle/Humerus/Other/None)					
Type of Delivery	Cephalic		Breech		Caesarean		Forceps		Ventouse
Comments (e.g. rapid 2 <sup>nd</sup> stage etc.)									
General Health (e.g. other abnormalities or neurological conditions)									

Motor Assessment				
Shoulder (C5) Amount of active elevation against gravity		Degrees	°	
Shoulder passive movement Elevation		Degrees	°	
Shoulder passive movement External Rotation		Degrees	°	
Elbow (C5,C6) Flexion against gravity; hand-to-mouth	Present/Absent		Time to Recovery	
Wrist (C7) Extension against gravity and when grasping	Present/Absent		Time to Recovery	
Fingers (C8, T1) Flexion (grasp)	Present/Absent		Time to Recovery	

Notes/Comments/Other injury:	(Continue on next page...)

(\*Essential information. \*\*OBPI also referred to as Erb's Palsy or OBPP. Postal/email instructions overleaf...)



**By Email**

The quickest way to send this referral is by emailing to:

[brachial.plexus@ggc.scot.nhs.uk](mailto:brachial.plexus@ggc.scot.nhs.uk)

**By Post**

Please send to:-

SNBPIS Referrals  
Orthopaedic Secretaries REH030  
New Victoria Hospital  
GLASGOW  
G42 9LF

Please send a copy to:

Ms Heather Farish  
SNBPIS Paediatric Physiotherapist  
Therapies Hub  
Royal Hospital for Children  
GLASGOW  
G51 4TF