SCOTTISH NATIONAL BRACHIAL PLEXUS INJURY SERVICE
Tel: 0141 347 8916
Email: ggc.brachial.plexus@nhs.scot
Web: www.brachialplexus.scot.nhs.uk

NHS SCOTLAND

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 OBPI Referral Form.***

* Today's Date:		* Date of Injury:		* Date of Birth / or Scottish CHI:	

*Patient's Name:				*Address:			
*Town /City:		*Post-code:		*Health Board:		Sex:	☐ M ☐ F
Phone /Email:				G.P. (if non-Glasgow):			
Other	Dominant Hand:	☐ L ☐ R	Occupation:		Interpreting Language:		

*Mechanism of Injury and History (Low or high-energy, penetrating etc.)	
*Other Injuries	
*Treatment So Far (Brief)	

***Motor Assessment:** Active movements MRC Grade (0-5)

Shoulder External Rotation (Infraspinatus)	Elbow Flexion (Biceps)	Finger Flexion
Shoulder Abduction (Deltoid)	Elbow Extension (Triceps	Thumb Abduction (Thenar Muscles)
Shoulder Adduction (Pectoralis Major)	Wrist Extension	Finger Adduction (Intrinsic Muscles)

Please turn over →

***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-myelography:		Date:	
	Chest X-ray:		Date:	
	C-spine X-ray:		Date:	
	Neurophys:		Date:	

Brachial Plexus Details	Side Affected:	☐ L	☐ R	Open or Closed Injury:	☐ Open	☐ Closed	Horner's Sign:	☐ Y	☐ N
	Arterial Injury:	☐ 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:			Fractures /Dislocations:					
Past Medical History (Brief)									
Medications									
Other	MRSA Status:		Date Swabs Taken:		Drugs IVDA)?	☐ Y	☐ N	Excessive Alcohol?	☐ Y ☐ 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: **ggc.brachial.plexus@nhs.scot**

Or by post to:-

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