

**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 nd 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:

ggc.brachial.plexus@nhs.scot

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