

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

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## BRAIN AND SPINAL CORD INJURY PROGRAM CENTRAL REGISTRY REFERRAL FORM

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*Florida Statute 381.74 requires that every public and private health agency, public and private social agency, and attending physician report persons who have sustained a Moderate-to-Severe brain or spinal cord injury to the Brain and Spinal Cord Injury Program (BSCIP) Central Registry within five (5) days of injury identification or diagnosis.*

**PATIENT / CLIENT REFERRAL INFORMATION    \*\*SURVIVE ACUTE \_\_\_\_ YES \_\_\_\_ NO**

\*Referral Date: \_\_\_\_\_

\*Client I.D. (Social Security #) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Medicaid #: \_\_\_\_\_

\*Last Name \_\_\_\_\_    \*First Name \_\_\_\_\_    M. I. \_\_\_\_\_

\*Address \_\_\_\_\_    \*City \_\_\_\_\_

\*Zip Code: \_\_\_\_\_    \*County \_\_\_\_\_    Phone (\_\_\_\_) \_\_\_\_\_

\*Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_    Sex \_\_\_\_\_    Race \_\_\_\_\_    Hispanic \_\_\_\_\_

Supportive Contact Name: \_\_\_\_\_    Relationship \_\_\_\_\_    S.C. Ph. (\_\_\_\_) \_\_\_\_\_

\*Reporting Facility \_\_\_\_\_    Treatment Stage \_\_\_\_\_

\*Reporter Name \_\_\_\_\_    \*Rep. Ph. (\_\_\_\_) \_\_\_\_\_    Ext.# \_\_\_\_\_

Source \_\_\_\_\_    Trauma # \_\_\_\_\_    Medical Record # \_\_\_\_\_

Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_    Time \_\_\_\_\_    Location \_\_\_\_\_

Injury Address \_\_\_\_\_    Injury County \_\_\_\_\_    Activity \_\_\_\_\_

ETOH/Drug \_\_\_\_\_    Protection \_\_\_\_\_    Position \_\_\_\_\_    Etiology/Cause \_\_\_\_\_

Date of Admission \_\_\_\_/\_\_\_\_/\_\_\_\_    \*Date Brain and/or Spinal Cord Injury Identified \_\_\_\_/\_\_\_\_/\_\_\_\_

**BRAIN INJURY INFORMATION**

**\*\*\* A BRAIN INJURY MUST BE REPORTED TO THE CENTRAL REGISTRY IF GLASGOW SCORE IS 12 OR BELOW AND THE RANCHO SCORE IS 8 OR BELOW. \*\*\***

\*Rancho Score \_\_\_\_\_    \*Glasgow Score \_\_\_\_\_    \*Open/Closed: \_\_\_\_\_

Altered Sensorium: Yes or No    Ventilator: Yes or No

ICD-9 Codes \_\_\_\_\_

**SPINAL CORD INJURY INFORMATION**

**\*\*\* A SPINAL CORD INJURY MUST BE REPORTED IF 2 OUT OF 3 OF THE FOLLOWING DEFICITS ARE PRESENT. \*\*\***

\*Para/Quad Level \_\_\_\_\_    \*Extent of Lesion \_\_\_\_\_    Ventilator: Yes or No

\*Sensory Deficit: Yes or No    \*Motor Deficit: Yes or No    \*Bowel/Bladder Deficit: Yes or No

ICD-9 Codes \_\_\_\_\_