

**Instructions for completion of the
BRAIN & SPINAL CORD INJURY CENTRAL REGISTRY REFERRAL FORM**

**Note to Hospital / Rehab facility personnel completing this form:

Incomplete or missing data from the form will cause the referral to be an incomplete or rejected entry into the Central Registry computer system. This will cause a delay in the information being transmitted to BSCIP case managers and personnel in your local area. This delay could affect the ability of BSCIP personnel to deliver services to a client ASAP. Please use the boldface responses recommended in the "Response(s) needed" section. **All categories with an (*) must be completed.**

PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED
* Survive Acute	Enter "Y" (Yes) or "N" (NO) Is the individual alive at the time of referral If "Y" proceed with referral, if "NO," STOP do not send referral.
Client ID	Enter the patient / client's social security number. If unknown, leave black.
Referral Date	Enter the date the referral is faxed or sent to the BSCIP Office.
* Last Name First Name M. I.	Enter last name, first name, and middle initial. Titles such as Jr. or III should be entered in the blank with the last name separated by a coma. Example: " <i>Smith, Jr.</i> "
* Address	Enter the patient / client's residential street location. Use P.O. Box addresses <i>only</i> when the residential street location is unknown.
* City	Enter the name of the city where the patient / client resides. If the patient / client Resident in another sate enter " OUT OF STATE "
* Zip Code	Enter the Zip Code of the patient / client's residence
* County	Enter the name of the county of the patient / client's residence
Phone	Enter the area code and phone number of the patient / client's residence
* Date of Birth	Acceptable Format: 00/00/00 (month/date/year)
Sex	Enter "M" or "F" as applicable

PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED
Race	Enter: A=Asian B=African American/Black I=American Indian/Alaska Native K=Hispanic/Latino White M=Haitian Black N=Haitian White P=Native Hawaiian/Pacific Island U=Unknown W=White
Hispanic	Enter: 1 – if the patient / client is of Hispanic origin 2 – if the patient / client is not of Hispanic origin
Supportive Contact Name	Enter the name of a responsible party who can be contacted in the daytime regarding the patient / client. When unknown, enter “None”.
Rel (Relationship to Client)	Enter the selection that best describes the relationship between the Supportive Contact and the patient/ client: Aunt Brother Brother-in-Law Child Daughter Daughter-in-Law Ex-Spouse Facility Contact Father-in-Law Foster Parents Grandchild Granddaughter Grandparent Grandson Insurance Agent Legal Guardian Mother-in-Law Niece Neighbor/Friend Nephew Other Family Members Other Official Parent Physician School Contact Significant Other Sister Sister-in-law Social Worker Son Son-in-Law Spouse Spouse-Separated from Teacher Uncle Unknown
S.C. Ph. (Supportive Contact Phone Number)	Enter the area code and phone number where the supportive contact can be reached during business hours.
* Reporting Facility	Enter the name of the facility (if applicable) reporting to the BSCIP Central Registry. Spell out the name of the facility as much as possible. Example: Tallahassee Memorial Hospital (instead of TMH)

PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED
Reporter Name	Enter the name of the person in the facility that is responsible for making referrals to the BSCIP Central Registry. <u>This person may need to be contacted by BSCIP with requests for missing or additional information.</u> If a private citizen is making the referral, enter N/A . Please write legibly.
* Rep. PH. (Reporter's Phone Number)	Enter the area code, phone number and extension number (if applicable) of the person in the facility that is responsible for making referrals to the BSCIP Central Registry. <u>This person may need to be contacted by BSCIP with requests for missing or additional information.</u> If a private citizen is making the referral, enter N/A . Acceptable Format: (000) 000-0000, ext. 0000
Source	Enter the number that best describes the position or work section of the person who is actually making the referral to the BSCIP Central Registry: 1 – Hospital Emergency Room Personnel 2 – Medical Records Department 3 – Acute Care Hospital Social Worker 4 – Acute Care Hospital Attending Physician 5 – Rehabilitation Hospital 6 – Other 7 – Unknown If 1 through 5 does not apply or if the person making the referral is a private citizen, enter 6 .
Trauma #	Enter the trauma number (if known).
Medical Record #	Enter the trauma number (if known).
Injury Date	Enter the Date that the injury to the patient / client occurred. Acceptable Format: 00/00/00 (month/date/year).
Time	Enter the approximate time the injury to the patient / client occurred or when the patient / client was admitted to the facility. Hospital / rehab facility personnel completing this form should enter a number 01 through 12 to indicate the approximate hour of injury or admission <u>if it occurred at or before noon</u> . Enter a number 13 through 23 if the approximate hour of injury or admission occurred between 1:00 pm and 11:59 pm . Enter 00 if the approximate hour of injury or admission <u>occurred between 12:00 – 12:59 am</u> (Midnight).
PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED

Location	Enter the appropriate location of where the injury occurred. If unknown, leave blank. Examples: Roadway, work, home.
Injury Address	Enter the address where the injury occurred. If unknown, leave blank.
Injury County	Enter the county where the injury occurred. If unknown, leave blank.
Activity Type	Enter the selection that best describes what the patient / client was doing at the time of the injury: O – Other R – Recreation T – Transport U – Unknown W – Working
ETOH/Drug (Alcohol)	Enter the selection that best applies if alcohol or drug use was involved at the time of injury: 1 – Not 2 – Alcohol related 3 – Drug related 4 – Alcohol and Drug related 8 – Unknown
Protection	Enter the selection that best describes whether or not safety devices were being used at the time of injury: 20 – 2 Point Belt = Lap Belt Only 21 – 3 Point Belt = Seat and Lap Belt Only 22 – Airbags = Air Bag Only 23 – Airbag & Belt = Airbag and Seatbelt 24 – Airbag Deployed 25 – Car seat = Infant/Child Car Seat 26 – Eye Protection 27 – Hard Hat 28 – Helmet 29 – None 30 – Padding 31 – Protective Clothing 32 – Seatbelt = Seatbelt Only 33 – Not Recorded (Default) 34 – Not Performed 35 – Not Available
Position	Enter the selection that best describes the position of the patient / client if the Injury involved a motor vehicle: 1 – Driver / Operator 10- Streetcar Occ 11 – Not Available 2 – Passenger 4 – Pedestrian 5 – Motorcycle Driver 6 – Motorcycle Passenger 7 – Other Specified 8 – Other /Cyclist 9 – Ride Animal
PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED

PATIENT / CLIENT REFERRAL INFORMATION	RESPONSES (S) NEEDED		
<p style="text-align: center;">Etiology (Circumstances)</p>	<p>Enter the selection that best describes the cause of the patient / client's injury:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 11 – Auto / Truck accident 12 – Motorcycle accident 13 – ATV / Moped / Dirt-bike / Go-cart 14 – Bicycle / Auto Collision 15 – Bicycle / Not Auto Collision 16 – Fall from Auto / Truck 17 – Boating / Jet ski 18 – Heavy Equipment (farm / constr) 20 – Pedestrian / Auto Collision 21 – Pedestrian / Bicycle Collision 29 – Pedestrian Unknown 31 – Stabbing 32 - Guns 39 – Rifle 40 – Swimming </td> <td style="width: 50%; vertical-align: top;"> <ul style="list-style-type: none"> 41 – Diving into a pool 42 – Diving / Natural body of 44 – Football / Soccer / Hockey 45 – Skating / Skateboard / Scooter 49 – Other Sport 50 – Jump / Fall 55 – Falling Object 60 – Medical Complication 65 – Airplane / Train Crash 70 – Altercation / Assault 71 – Shaken Baby Syndrome 72 – Domestic Violence 73 – Car Surfing 74 – War Injury 98 - Other 99 - Unknown </td> </tr> </table>	<ul style="list-style-type: none"> 11 – Auto / Truck accident 12 – Motorcycle accident 13 – ATV / Moped / Dirt-bike / Go-cart 14 – Bicycle / Auto Collision 15 – Bicycle / Not Auto Collision 16 – Fall from Auto / Truck 17 – Boating / Jet ski 18 – Heavy Equipment (farm / constr) 20 – Pedestrian / Auto Collision 21 – Pedestrian / Bicycle Collision 29 – Pedestrian Unknown 31 – Stabbing 32 - Guns 39 – Rifle 40 – Swimming 	<ul style="list-style-type: none"> 41 – Diving into a pool 42 – Diving / Natural body of 44 – Football / Soccer / Hockey 45 – Skating / Skateboard / Scooter 49 – Other Sport 50 – Jump / Fall 55 – Falling Object 60 – Medical Complication 65 – Airplane / Train Crash 70 – Altercation / Assault 71 – Shaken Baby Syndrome 72 – Domestic Violence 73 – Car Surfing 74 – War Injury 98 - Other 99 - Unknown
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PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED
BRAIN INJURY INFORMATION	RESPONSE (S) NEEDED
* Rancho Score	<p>The Rancho Score is extremely vital information that must be on the form in order for the referral to be properly entered into the Central Registry. Enter the selection that best describes the patient / client's level of awareness:</p> <p>01 – No response to pain, touch, sound or sight 02 – Generalized reflex response to pain 03 – Localized response: blinks to strong light, turns toward / away from sound, responds to physical discomfort, inconsistent response to commands 04 – Confused / agitated: alert, very active, aggressive or bizarre behaviors, performs motor activities but behavior is non-purposeful, extremely short attention span. 05 – Confused / non-agitated: gross attention to environment, highly distracted, requires continual redirection, difficulty learning new tasks, agitated by too much stimulation; but with inappropriate verbalization. 06 – Confused / appropriate: inconsistent orientation to time and place, retention span / recent memory impaired, begins to recall past, consistently follows simple directions, goal-directed behavior with assistance 07 – Automatic / Appropriate: performs daily routine in a highly familiar environment in a non-confused but automatic manner. Skills noticeably deteriorate in unfamiliar environment. Lacks realistic planning for own future. 08 – Purposeful / Appropriate. Stand –by Assistance 09 – Purposeful – Appropriate. Stand-by assistance upon request. 10—Purposeful – Appropriate. Modified independent.</p>

PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED
BRAIN INJURY INFORMATION	RESPONSE (S) NEEDED
* Glasgow Score	<p>The Glasgow Score is extremely vital information that must be on the form in order for the referral to be properly entered into the Central Registry. Enter a number from 03 – 15 that best describes the patient / client’s ability to respond.</p> <p>For BSCIP purposes, Glasgow Scores are interpreted as follows:</p> <p>03 – (Non Responsive) This score is considered too low for the patient / client to benefit from BSCIP services.</p> <p>04 – This score is the minimum score required to benefit from BSCIP services.</p> <p>05 thru 11 – These scores indicate severe to moderate head injuries.</p> <p>12 – This score is the maximum score allowable to benefit from BSCIP services</p> <p>13, 14 – These scores indicate mild head injuries; not eligible for BSCIP services.</p> <p>15 – Non-Injured Brain Response; not eligible for BSCIP services.</p> <p>If the Glasgow Score is unknown or unavailable it can be calculated using the included Glasgow Scale Worksheet</p>
Open / Close	Indicate whether or not the patient / client’s injury was open for closed by entering “O” (Open) or “C” (Closed).
Altered Sensorium	Indicate whether or not the patient/ client’ s ability to use his / her senses (taste, touch, sight, hearing, smell) have been affected by the injury by entering “Y” (Yes) or “N” (No)
ICD – 9 Codes (Brain / Head Injury) (External Cause of Injury)	<p>Enter the selection that best describes the patient / client’s brain (head) injury:</p> <p>800.00 – Fracture of the vault of the skull including frontal parietal bones</p> <p>801.00 – Fracture of the base of the skull</p> <p>803.00 – Other unqualified skull fractures</p> <p>804.00 – Multiple fractures involving skull or face with other bones</p> <p>850.00 – Concussion</p> <p>851.00 – Cerebral laceration & contusion</p> <p>852.00 – Subarachnoid, subdural and extradural hemorrhage</p> <p>853.00 – Other & unspecified intracranial hemorrhage following injury</p> <p>854.00 – Intracranial injury of other and unspecified nature.</p>
Ventilator	Enter “Y” (Yes) or “N” (No)

<p align="center">PATIENT / CLIENT REFERRAL INFORMATION</p>	<p align="center">RESPONSE (S) NEEDED</p>
<p align="center">SPINAL CORD INJURY INFORMATION</p>	<p align="center">RESPONSE (S) NEEDED</p>
<p align="center">Para / Quad Level</p>	<p>Enter the selection that best describes the patient / client's spinal cord injury:</p> <p><u>Cervical</u> C1, C2, C3, C4, C5, C6, C7, or C8</p> <p><u>Thoracic</u> T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, or T12</p> <p><u>Lumbar</u> L1, L2, L3, L4, or L5</p> <p><u>Sacral</u> S1, S2, S3, S4, or S5,</p>
<p align="center">Extent of Lesion</p>	<p>Enter the selection that best describes the patient / client's spinal cord injury:</p> <p>C – Complete loss of motor and/or sensory functions below the zone of injury I – Incomplete loss of motor and/or sensory below the zone of the injury (includes sacral sensory sparing) U – Unknown loss of motor and/or sensory functions below the zone of the injury</p>
<p align="center">Ventilator</p>	<p>Enter “Y” (Yes) of “N” (No)</p>
<p>* Sensory Deficit</p>	<p>Enter “Y” (Yes) of “N” (No)</p>
<p>* Motor Deficit</p>	<p>Enter “Y” (Yes) of “N” (No)</p>
<p>* Bowel Bladder (Loss of control)</p>	<p>Enter “Y” (Yes) of “N” (No)</p>
<p align="center">ICD – 9 Codes</p>	<p>Enter the selection that best describes the patient / client's spinal cord injury:</p> <p>342 – Hemiplegia, if there is cord injury involved (paralysis of one side; right or left) 344 - Paralytic Syndrome, if secondary to cord injury 806 – Fracture of vertebral column with spinal cord injury 952 – Spinal cord injury without evidence of spinal bone injury. Must involve two of the following deficits: sensory, bowel/bladder, motor.</p>

GLASGOW COMA SCALE

(RECOMMENDED FOR AGE 4 – ADULT)

Eye Opening	Points	Best Verbal Response	Points	Best Motor Response	Points
<i>Spontaneous</i> Indicates arousal mechanisms in brain stem are active	4	<i>Oriented</i> Patient knows who and where he or she is, and the year, season and month.	5	<i>Obeys Commands</i> *Note: a gasp reflex or a change I posture does not count as a response	6
<i>To Sound</i> Eyes open to any sound stimulus	3	<i>Confused</i> Responses to questions Indicate varying degrees of confusion and disorientation	4	<i>Localized</i> Moves a limb to attempt to remove a painful stimulus	5
<i>To Pain</i> Apply stimulus to limbs, not face	2	<i>Inappropriate</i> Speech is intelligible but sustained conversation is not possible	3	<i>Flexor: Normal</i> Entire shoulder or arm is flexed in response to painful stimuli	4
<i>No Response</i>	1	<i>Incomprehensible</i> Unintelligible sounds such as moans and groans are made	2	<i>Flexion: Abnormal</i> The patient is rigidly still with arms flexed, fists clenched, and legs extended.	3
Choose one number from the column above that best describes the patient's response Enter here: →		<i>No Response</i>	1	<i>Extension</i> Abnormal turning and rotation of the arms and shoulders	2
		<i>No Response</i>		<i>No Response</i>	1
				Choose one number from the column above that best describes the patient's response Enter here: →	
				Choose one number from the column above that best describes the patient's response Enter here: →	
				Add the 3 numbers Above. Enter here: → This is your Glasgow Score	

****NOTE:** Due to a patient's unstable medical status, some information may not be obtainable immediately. A referral with the notation "MEDICALLY UNSTABLE" in the "Brain Injury Information" or "Spinal Cord Injury Information" sections will be considered to have met the reporting requirement of F.S. 381.74 (provided it was actually faxed or received within the five day period after identification or diagnosis). However, it is still the responsibility of the reporting person / facility to provide the missing information as soon as possible. Upon receipt of the missing information, a complete referral to the Central Registry database can be made and transmitted to a local office so that delivery of services can possibly begin.