

Mission:

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



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

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

CENTRAL REGISTRY REFERRAL FORM

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.

Scan Code for
Online Portal



Referral Date: * Survive Acute: Yes No
*Injury Type: *Ventilator: Yes No
Client I.D. (SSN):
*Last Name: *First Name: M.I.: Suffix:

*Homeless: *(if homeless is YES, address is NOT needed even though marked as required)*

*Address Line 1: (Apt/Suite/Unit):

*City: *State: *Zip Code: *County:

Client Phone: *Date of Birth: *Sex: Race:

Supportive Contact Last Name, First Name:

Supportive Contact Phone: Relationship:

Date of Injury: Injury County: *Activity Type:

*ETOH/Drug: *Protection: *Position: *Etiology:

*Reporting Facility: Source: Date of Admission:

*Reporting Facility Address: *Reporting Facility City:

Trauma #: Medical Record #: *Treatment Stage:

*Reporter Name: *Reporter Phone #: Ext #:

BRAIN INJURY *A Brain Injury must be reported if Rancho is 8 or below and Glasgow is 12 or below. Altered Sensorium: Yes No

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

Brain ICD Codes: *Date Brain Injury Identified:

SPINAL CORD INJURY * A Spinal Cord Injury must be reported if 2 out of 3 of the following deficits are present.

*Para/Quad Level: * Extent of Lesion:

Sensory Deficit: Yes No Motor Deficit: Yes No Bowel/Bladder Deficit: Yes No

Spinal Cord ICD Codes: *Date Spinal Injury Identified:

Revised 7/1/2025

Florida Department of Health
Brain and Spinal Cord Injury Program
4052 Bald Cypress Way, Bin C-25 • Tallahassee, FL 32399
PHONE: 850-245-4045 • FAX: 850-410-1975
BSCIPCentralRegistry@flhealth.gov
FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board

**Instructions for completing the
FACILITY Referral Form for the
Brain and Spinal Cord Injury Program**

All categories with an (*) must be completed.

Incomplete or missing data from the form may cause a delay in the information being transmitted to BSCIP case managers and possible delay in providing services to a client.

| PATIENT / CLIENT INFORMATION | RESPONSE (S) NEEDED |
|---|---|
| Referral Date | Enter the Date the referral is submitted to BSCIP. |
| *Survive Acute | Enter “Y” (Yes) or “N” (No) Is the individual alive at the time of referral? If “YES” proceed with the referral, if “NO,” the referral will be rejected. |
| *Injury Type: | Choose one of the following: Brain Injury Only Dual Injury (Brain and Spinal Cord) Spinal Cord Injury |
| *Ventilator | Enter “Y” (Yes) or “N” (No) |
| Client ID | Enter the patient / client’s social security number. If unknown, leave blank. |
| *Client Name | Enter last name, first name, and (middle initial and suffix if provided) |
| *Homeless | Choose one of the following: Yes No Unknown |
| *Address Line 1 | Enter the patient / client’s residential street location. Use P.O. Box addresses <i>only</i> when the residential street location is unknown. |
| (Apt/Suite/Unit) | Enter the patient / client’s apartment, suite or unit # if applicable. |
| *City | Enter the name of the city where the patient / client resides. |
| *State | Enter the name of the state where the patient / client resides. |

| PATIENT / CLIENT INFORMATION | RESPONSE (S) NEEDED | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|------|--------|---------|-------|----------------|----------------------|-------|----------------|--------|--------|----------|-----------|-----------------|-------|-----------|----------------|------------------|-------------------|---------------|--|--------|--------|----------------|---------------|------------|---------------|
| *Zip Code | Enter the Zip Code of the patient / client's residence. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *County | Enter the name of the county where the patient / client resides. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Client Phone | Enter the area code and phone number of the patient / client's residence. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Date of Birth | Enter client date of birth mm/dd/yyyy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sex | Choose one of the following: Female Male Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Race | Choose one of the following: A - Asian (Not Hispanic or Latino) B - Black or African American (Not Hispanic or Latino) H - Hispanic or Latino I - American Indian or Alaska Native (Not Hispanic or Latino) P - Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) R - Not Recorded T - Two or More Races (Not Hispanic or Latino) U - Unknown W - White (Not Hispanic or Latino) Y - Prefer not to answer | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supportive Contact Name | Enter last name and first name of person that can be contacted. If unknown, leave blank. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supportive Contact Phone Number | Enter the area code and phone number for the supportive contact | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supportive Contact Relationship | Enter the selection that best describes the relationship. <table border="0"> <tbody> <tr> <td>Aunt</td> <td>Nephew</td> </tr> <tr> <td>Brother</td> <td>Niece</td> </tr> <tr> <td>Brother-in-Law</td> <td>Other Family Members</td> </tr> <tr> <td>Child</td> <td>Other Official</td> </tr> <tr> <td>Cousin</td> <td>Parent</td> </tr> <tr> <td>Daughter</td> <td>Physician</td> </tr> <tr> <td>Daughter-in-Law</td> <td>Proxy</td> </tr> <tr> <td>Ex-Spouse</td> <td>School Contact</td> </tr> <tr> <td>Facility Contact</td> <td>Significant Other</td> </tr> <tr> <td>Father-in-Law</td> <td></td> </tr> <tr> <td>Friend</td> <td>Sister</td> </tr> <tr> <td>Foster Parents</td> <td>Sister-in-law</td> </tr> <tr> <td>Grandchild</td> <td>Social Worker</td> </tr> </tbody> </table> | Aunt | Nephew | Brother | Niece | Brother-in-Law | Other Family Members | Child | Other Official | Cousin | Parent | Daughter | Physician | Daughter-in-Law | Proxy | Ex-Spouse | School Contact | Facility Contact | Significant Other | Father-in-Law | | Friend | Sister | Foster Parents | Sister-in-law | Grandchild | Social Worker |
| Aunt | Nephew | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother | Niece | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Brother-in-Law | Other Family Members | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child | Other Official | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Cousin | Parent | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daughter | Physician | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Daughter-in-Law | Proxy | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ex-Spouse | School Contact | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Facility Contact | Significant Other | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Father-in-Law | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Friend | Sister | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Foster Parents | Sister-in-law | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grandchild | Social Worker | | | | | | | | | | | | | | | | | | | | | | | | | | |

| PATIENT / CLIENT INFORMATION | RESPONSE (S) NEEDED |
|--|---|
| Supportive Contact Relationship continued | <div> Granddaughter Grandparent Guardian Grandson Insurance Contact Legal Guardian Mother-in-Law Neighbor </div> <div> Son Son-in-Law Spouse Spouse-Separated from Teacher Uncle Unknown </div> |
| Date of Injury | Enter the Date that the injury to the patient / client occurred as mm/dd/yyyy |
| 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. O – Other R – Recreation T – Transport U – Unknown W – Working |
| * ETOH / Drug | Enter the selection that best describes if Alcohol / Drug use was present. 1 – Not alcohol/drug related 2 – Alcohol related 3 – Drug related 4 – Alcohol and Drug related 8 – Unknown |
| *Protection | Enter the selection that best describes any protective devices. 20 – 2 Point Belt 25 – Car Seat 30 - Padding 21 – 3 Point Belt 26 – Eye Protection 31 – Protective Clothes 22 – Airbag 27 – Hard Hat 32 - Seatbelt 23 – Airbag & Belt 28 - Helmet 33 – Not Recorded 24 – Airbag Deployed 29 - None 34 – Not Performed 25 – Car seat 35 – Not Available |
| *Position | Enter the selection that best describes the position of the patient / client. 1 – Driver 5 – Motorcycle Driver 10- Streetcar Occ 6 – Motorcycle Passenger 11 – Not Available 7 – Other Specified 2 – Passenger 8 – Pedal/Cyclist 4 – Pedestrian 9 – Ride Animal |
| | |

| PATIENT / CLIENT INFORMATION | RESPONSE (S) NEEDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|-----------------|-------------------------|-----------------|-------------------------------|--|---------------------------------|-------------------------------|-------------------------------------|-----------------------------------|------------------|-----------------------------|------------------|------------------------|---------------------|--------------------------------------|---------------------------|----------------------------------|-----------------------------|-------------------------------------|----------------------------|-------------------------|---------------------------|---------------|------------------------|-----------|------------------|--------------------------|-----------------|------------|---------------------|---------------|----------------|--|------------|--|-------------|
| *Etiology | <p>Enter the selection that best describes the cause of the patient / client's injury:</p> <table border="0"> <tr> <td>11 – Auto/Truck</td> <td>41 – Diving into a pool</td> </tr> <tr> <td>12 – Motorcycle</td> <td>42 – Diving / Natural body of</td> </tr> <tr> <td>13 – ATV / Moped / Dirt-bike / Go-cart</td> <td>44 – Football / Soccer / Hockey</td> </tr> <tr> <td>14 – Bicycle / Auto Collision</td> <td>45 – Skating / Skateboard / Scooter</td> </tr> <tr> <td>15 – Bicycle / Not Auto Collision</td> <td>49 – Other Sport</td> </tr> <tr> <td>16 – Fall from Auto / Truck</td> <td>50 – Jump / Fall</td> </tr> <tr> <td>17 – Boating / Jet ski</td> <td>55 – Falling Object</td> </tr> <tr> <td>18 – Heavy Equipment (farm / constr)</td> <td>60 – Medical Complication</td> </tr> <tr> <td>20 – Pedestrian / Auto Collision</td> <td>65 – Airplane / Train Crash</td> </tr> <tr> <td>21 – Pedestrian / Bicycle Collision</td> <td>70 – Altercation / Assault</td> </tr> <tr> <td>29 – Pedestrian Unknown</td> <td>71 – Shaken Baby Syndrome</td> </tr> <tr> <td>31 – Stabbing</td> <td>72 – Domestic Violence</td> </tr> <tr> <td>32 – Guns</td> <td>73 – Car Surfing</td> </tr> <tr> <td>34 – Assault/Machine Gun</td> <td>74 – War Injury</td> </tr> <tr> <td>39 – Rifle</td> <td>75 – Horse Accident</td> </tr> <tr> <td>40 – Swimming</td> <td>76 – Golf Cart</td> </tr> <tr> <td></td> <td>98 - Other</td> </tr> <tr> <td></td> <td>99- Unknown</td> </tr> </table> | 11 – Auto/Truck | 41 – Diving into a pool | 12 – Motorcycle | 42 – Diving / Natural body of | 13 – ATV / Moped / Dirt-bike / Go-cart | 44 – Football / Soccer / Hockey | 14 – Bicycle / Auto Collision | 45 – Skating / Skateboard / Scooter | 15 – Bicycle / Not Auto Collision | 49 – Other Sport | 16 – Fall from Auto / Truck | 50 – Jump / Fall | 17 – Boating / Jet ski | 55 – Falling Object | 18 – Heavy Equipment (farm / constr) | 60 – Medical Complication | 20 – Pedestrian / Auto Collision | 65 – Airplane / Train Crash | 21 – Pedestrian / Bicycle Collision | 70 – Altercation / Assault | 29 – Pedestrian Unknown | 71 – Shaken Baby Syndrome | 31 – Stabbing | 72 – Domestic Violence | 32 – Guns | 73 – Car Surfing | 34 – Assault/Machine Gun | 74 – War Injury | 39 – Rifle | 75 – Horse Accident | 40 – Swimming | 76 – Golf Cart | | 98 - Other | | 99- Unknown |
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| 14 – Bicycle / Auto Collision | 45 – Skating / Skateboard / Scooter | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 – Bicycle / Not Auto Collision | 49 – Other Sport | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | 98 - Other | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 99- Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Reporting Facility | Enter name of reporting facility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Source | <p>Enter the selection that best describes the Reporters position.</p> <p>1 – Hospital Emergency Room Person 2 – Medical Records Department 3 – Acute Care Hospital Social Worker 4 – Acute Care Hospital Attending 5 – Rehabilitation Hospital 6 – Other 7 – Unknown</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Date of Admission | Enter date the patient / client was admitted to the facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Reporting Facility Address | Enter street address of reporting facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| *Reporting Facility City | Enter city of reporting facility. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Trauma # | Enter the trauma number. If unknown, leave blank. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Record # | Enter the Medical Record number. If unknown, leave blank | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| PATIENT / CLIENT INFORMATION | RESPONSE (S) NEEDED |
|---|---|
| *Treatment Stage | Enter the stage of treatment if known. If unknown, leave blank. A – Acute N – Nursing Home O – Outpatient R – Rehabilitation T – Transitional Living Program |
| *Reporter Name | Enter the name of the person making the referral to BSCIP. |
| *Reporter's Phone Number and Extension | Provide the phone number of the person making the referral to BSCIP. |
| BRAIN INJURY INFORMATION | BRAIN INJURY INFORMATION |
| *ADULT Rancho Score | <p>Select one of the following:</p> <p>Level I: No response; Total assistance</p> <ul style="list-style-type: none"> No response to external stimuli. <p>Level II: Generalized response: Total Assistance.</p> <ul style="list-style-type: none"> Responds inconsistently and non-purposefully to external stimuli. Responses are often the same, regardless of the stimuli. <p>Level III: Localized response; Total assistance.</p> <ul style="list-style-type: none"> Responds inconsistently and specifically to external stimuli. Responses are directly related to the stimulus, for instance, patient withdraws or vocalizes to painful stimuli. Responds more to familiar people (friends and family) versus strangers. <p>Level IV: Confused / Agitated: Maximal assistance</p> <ul style="list-style-type: none"> The individual is in a hyperactive state with bizarre and non-purposeful behavior. Demonstrates agitated behavior that originates more from internal confusion than the external environment. Absent short-term memory. <p>Level V: Confused, Inappropriate Non-agitated: Maximal assistance</p> <ul style="list-style-type: none"> Shows increase in consistency with following and responding to following simple commands. Responses are non-purposeful and random to more complex commands. Behavior and verbalization are often inappropriate, and individual appears confused and often confabulates (Fabricates imaginary experiences as compensation for loss of memory.) If action or tasks is demonstrated individual can perform |

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| | <p>but does not initiate on his own.</p> <ul style="list-style-type: none"> • Memory is severely impaired and learning new information is difficult. • Different from level IV in that individual does not demonstrate agitation to internal stimuli. However, they can show agitation to unpleasant external stimuli. <p>Level VI: Confused, Appropriate: Moderate assistance.</p> <ul style="list-style-type: none"> • Able to follow simple commands consistently. • Able to retain learning for familiar tasks they performed pre-injury. (Brushing teeth, washing face), however unable to retain learning for new tasks. <p>Level VII: Automatic, Appropriate: Minimal assistance for Daily Living Skills.</p> <ul style="list-style-type: none"> • Oriented to familiar settings. • Able to perform daily routine automatically with minimal to absent confusion. • Demonstrates carry-over for new tasks and learning in addition to familiar tasks. • Superficially aware of one's diagnosis, but unaware of specific impairments. • Continues to demonstrate lack of insight, decreased judgement and safety awareness. • Beginning to show interest in social and recreational activities in structured settings. • Requires at least minimal supervision for learning and safety purposes. <p>Level VIII: Purposeful, Appropriate: Stand by assistance on request.</p> <ul style="list-style-type: none"> • Consistently oriented to person, place and time. • Independently carries out familiar tasks in a non-distracting environment. • Beginning to show awareness of specific impairments and how they interfere with tasks, however, requires standing by assistance to compensate. • Able to use assistive memory devices to recall daily schedule. • Acknowledges other's emotional states and requires only minimal assistance to respond appropriately. • Demonstrates improvement of memory and ability to consolidate the past and future events. • Often depressed, irritable and with low frustration threshold. <p>Level IX: Purposeful, Appropriate: Stand by assistance on request.</p> <ul style="list-style-type: none"> • Able to shift between different tasks and complete them independently. • Aware of and acknowledges impairments when they interfere with tasks and able to compensatory strategies to cope. • Unable to independently anticipate obstacles that may arise secondary to impairment. • With assistance able to think about consequences of actions and decisions. • Acknowledges the emotional needs of others with stand-by assistance. • Continues to demonstrate depression and low frustration threshold. <p>Level X: Purposeful, Appropriate: Modified Independent.</p> |
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| | <ul style="list-style-type: none"> • Able to multitask in many different environments with extra time or devices to assist. • Able to create own methods and tools for memory retention. • Independently anticipates obstacles that may occur because of impairments and take corrective actions. • Able to independently make decisions and act appropriately but may require more time or compensatory strategies. • Demonstrates intermittent periods of depression and low frustration threshold when under stress. • Able to appropriately interact with others in social situations. |
| | <ul style="list-style-type: none"> • Able to create own methods and tools for memory retention. • Independently anticipates obstacles that may occur because of impairments and take corrective actions. • Able to independently make decisions and act appropriately but may require more time or compensatory strategies. • Demonstrates intermittent periods of depression and low frustration threshold when under stress. • Able to appropriately interact with others in social situations. |
| *PEDIATRIC Rancho Score | <p>Level V: No response to stimuli</p> <ul style="list-style-type: none"> • Complete absence of observable change in behavior to visual, auditory, or painful stimuli <p>Level IV: Gives generalized response to sensory stimuli</p> <ul style="list-style-type: none"> • Gives generalized startle to loud sound • Responds to repeated auditory stimulation with increased or decreased activity • Gives generalized reflex response to painful stimuli <p>Level III: Gives localized response to sensory stimuli</p> <ul style="list-style-type: none"> • Blinks when strong light crosses field of vision • Follows moving object passed within visual field • Turns toward or away from loud sound • Gives localized response to painful stimuli <p>Level II: Demonstrates awareness environment.</p> <ul style="list-style-type: none"> • Follows simple commands • Refuses to follow simple commands by shaking head or saying "no" • Imitates examiner's gestures or facial expressions • Responds to name • Recognizes mother or other family members • Enjoys imitative vocal play |

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| | <p>Level I: Oriented to self and surroundings</p> <ul style="list-style-type: none"> • Provides accurate information about self • Is aware of being away from home • Knows where toys, clothes and other objects are kept • Actively participates in treatment program • Recognizes own room, knows way to bathroom, nursing station etc. Is potty trained • Shows active interest in toys; will examine or manipulate before mouthing or discarding Watches other children at play; may move toward them purposefully to watch or snatch a toy Initiates social contact with adult; enjoys socializing |
| *Glasgow Score | <p>Select one of the following:</p> <p>03 – Non Responsive 04 – Minimum Hi score for BSCIP 05 – Severe Head Injury 06 – Severe Head Injury 07 – Severe Head Injury 08 – Severe Head Injury 09 – Moderate Head Injury 10 – Moderate Head Injury 11 – Moderate Head Injury 12 – Max Hi score for BSCIP 13 – Mild Head Injury 14 – Mild Head Injury 15 – Non Injured Brain response 99 – To be determined</p> <p>If the Glasgow Score is unknown or unavailable it can be calculated using the included Glasgow Scale Worksheet.</p> |
| *Open / Closed | <p>Indicate whether the patient / client's injury was open or closed by entering "O" (Open) or "C" (Closed).</p> |
| Altered Sensorium | <p>Indicate whether 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)</p> |
| *Date Brain Injury Identified | <p>Enter date the brain injury was identified.</p> |
| Brain Injury ICD Codes | <p>Enter applicable brain injury ICD codes.</p> |
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| PATIENT / CLIENT INFORMATION | RESPONSE (S) NEEDED |
|--|---|
| SPINAL CORD INJURY INFORMATION | SPINAL CORD INJURY INFORMATION |
| *Para/Quad Level | Enter the selection that best describes the patient / client's spinal cord injury: Cervical C1, C2, C3, C4, C5, C6, C7, or C8 Thoracic T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, or T12 Lumbar L1, L2, L3, L4, or L5 Sacral S1, S2, S3, S4, or S5 99 - To be determined |
| *Extent of Lesion | Enter the selection that best describes the patient / client's spinal cord injury: 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 9 - To be determined |
| *Date Spinal Cord Injury Identified | Enter date the spinal cord injury was identified. |
| Sensory Deficit | Enter “Y” (Yes) of “N” (No) |
| Motor Deficit | Enter “Y” (Yes) of “N” (No) |
| Bowel / Bladder Deficit | Enter “Y” (Yes) of “N” (No) |
| Spinal Cord Injury ICD Codes | Enter applicable spinal cord injury ICD codes. |

GLASGOW COMA SCALE

(RECOMMENDED FOR AGE 4 – ADULT)

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