

**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.

PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED
Client ID	Enter the patient / client's social security number. If unknown, leave blank.
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 comma. Example: " Smith, Jr. "
Address	Enter the patient / client's residential street location. Use P.O. Box addresses <u>only</u> when the residential street location is unknown
City	Enter the name of the city where the patient / client resides. If the patient / client resides in another state 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
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)	Enter the selection that best describes the relationship between the Supportive contact and the patient / client: F – Family Member A – Acquaintance S – Social Worker or other professional L – Law Enforcement O – Significant Other

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<p align="center">S.C. Ph. (Supportive Contact Phone Number)</p>	<p>Enter the area code and phone number where the supportive contact can be reached during business hours.</p>
<p align="center">Reporting Facility</p>	<p>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: <i>Tallahassee Memorial Hospital</i> (instead of TMH)</p>
<p align="center">Treatment Stage</p>	<p>Enter the current stage of treatment: A – Acute N – Nursing Home O – Outpatient / client R – Rehabilitation T – Transitional Living Program</p>
<p align="center">Reporter Name</p>	<p>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.</p>
<p align="center">Rep. PH. (Reporter's Phone number)</p>	<p>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></p> <p>If a private citizen is making the referral, enter N/A. Acceptable Format: (000) 000-0000, ext. 0000</p>
<p align="center">Source</p>	<p>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:</p> <p>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</p> <p>If 1 through 5 <u>does not apply</u> or if the person making the referral is a private citizen, enter 6.</p>
<p align="center">Trauma #</p>	<p>Enter the trauma number (if known).</p>
<p align="center">Medical Record #</p>	<p>Enter the medical record number (if known).</p>
<p align="center">Injury Date</p>	<p>Enter the date that the injury to the patient / client occurred. Acceptable Format: 00/00/00 (month/date/year).</p>

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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 if it occurred at or before noon . 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 occurred between 12:00 – 12:59 am (Midnight).
Location	Enter the approximate 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 – Both 5 - Unknown
Protection	Enter the selection that best describes whether or not safety devices were being used at the time of injury 1 – Safety devices used 2 – Safety devices not used 3 - Unknown

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Position	Enter the selection that best describes the position of the patient / client if the injury involved a motor vehicle: 1 – Driver / Operator 2 – Passenger 3 – N/A (Not applicable)																																				
Etiology (Circumstances)	Enter the selection that best describes the cause of the patient / client's injury: <table border="0"> <tr> <td>11 – Auto / Truck accident</td> <td>40 – Swimming</td> </tr> <tr> <td>12 – Motorcycle accident</td> <td>41 – Diving / Pool</td> </tr> <tr> <td>13 – ATV / Moped / Dirt-bike</td> <td>42 – Diving / Natural Water body</td> </tr> <tr> <td>14 – Bicycle / Auto collision</td> <td>43 – Diving / Unknown</td> </tr> <tr> <td>15 – Bicycle / Not Auto collision</td> <td>44 – Football/Soccer/Hockey</td> </tr> <tr> <td>18 – Heavy Equipment</td> <td>48 – Recreation</td> </tr> <tr> <td>19 – Unknown</td> <td>49 – Other sport</td> </tr> <tr> <td>20 – Pedestrian vs. Auto</td> <td>50 – Jump / Fall</td> </tr> <tr> <td>21 – Pedestrian vs. Bicycle</td> <td>55 – Falling Object</td> </tr> <tr> <td>29 – Pedestrian Unknown</td> <td>60 – Medical Complication</td> </tr> <tr> <td>31 – Stabbing</td> <td>65 – Airplane Crash</td> </tr> <tr> <td>32 – Handguns</td> <td>70 – Altercation / Assault</td> </tr> <tr> <td>33 – Rifle</td> <td>98 – Other</td> </tr> <tr> <td>34 – Domestic Violence</td> <td>99 – Unknown</td> </tr> <tr> <td>35 – Fall from Auto/Truck</td> <td></td> </tr> <tr> <td>36 – Shaken Baby Syndrome</td> <td></td> </tr> <tr> <td>37 – Skating/Skateboarding/Scooter</td> <td></td> </tr> <tr> <td>39 – Other guns</td> <td></td> </tr> </table>	11 – Auto / Truck accident	40 – Swimming	12 – Motorcycle accident	41 – Diving / Pool	13 – ATV / Moped / Dirt-bike	42 – Diving / Natural Water body	14 – Bicycle / Auto collision	43 – Diving / Unknown	15 – Bicycle / Not Auto collision	44 – Football/Soccer/Hockey	18 – Heavy Equipment	48 – Recreation	19 – Unknown	49 – Other sport	20 – Pedestrian vs. Auto	50 – Jump / Fall	21 – Pedestrian vs. Bicycle	55 – Falling Object	29 – Pedestrian Unknown	60 – Medical Complication	31 – Stabbing	65 – Airplane Crash	32 – Handguns	70 – Altercation / Assault	33 – Rifle	98 – Other	34 – Domestic Violence	99 – Unknown	35 – Fall from Auto/Truck		36 – Shaken Baby Syndrome		37 – Skating/Skateboarding/Scooter		39 – Other guns	
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PATIENT / CLIENT REFERRAL INFORMATION	RESPONSE (S) NEEDED
BRAIN INJURY INFORMATION	RESPONSE (S) NEEDED
<p style="text-align: center;">Rancho Score</p>	<p>The Rancho Score is extremely vital information that <u>must</u> 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</p> <p>02 – Generalized reflex response to pain</p> <p>03 – Localized response: blinks to strong light, turns toward / away from sound, responds to physical discomfort, inconsistent response to commands</p> <p>04 – Confused / agitated: alert, very active, aggressive or bizarre behaviors, performs motor activities but behavior is non-purposeful, extremely short attention span.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>08 – Purposeful / Appropriate. Stand -by Assistance</p> <p>09 – Purposeful – Appropriate. Stand-by assistance upon request.</p> <p>10—Purposeful – Appropriate. Modified independent.</p>

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: 03 – (Non Responsive) This score is considered too low for the patient / client to benefit from BSCIP services. 04 – This score is the minimum score required to benefit from BSCIP services. 05 thru 11 – These scores indicate severe to moderate head injuries. 12 – This score is the maximum score allowable to benefit from BSCIP services 13, 14 – These scores indicate mild head injuries; not eligible for BSCIP services. 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 or 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)
Survive Acute	Enter “ Y ” (Yes) or “ N ” (No) Is the individual alive at the time of referral?
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 801.00 – Fracture of the base of the skull 803.00 – Other unqualified skull fractures 804.00 – Multiple fractures involving skull or face with other bones 850.00 – Concussion 851.00 – Cerebral laceration & contusion 852.00 – Subarachnoid, subdural and extradural hemorrhage 853.00 – Other & unspecified intracranial hemorrhage following injury 854.00 – Intracranial injury of other and unspecified nature.</p>
Ventilator	Enter “ Y ” (Yes) or “ N ” (No)

SPINAL CORD INJURY INFORMATION	RESPONSE (S) NEEDED
<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, or C7</p> <p><u>Lumbar</u> L1, L2, L3, L4, or L5</p> <p><u>Thoracic</u> T1, T2, T3, T4, T5, T6, T7, T8, T9, T10, T11, or T12</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</p> <p>I – Incomplete loss of motor and/or sensory below the zone of the injury (includes sacral sensory sparing)</p> <p>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) or “N” (No)</p>
<p align="center">Sensory Deficit</p>	<p>Enter “Y” (Yes) or “N” (No)</p>
<p align="center">Survive Acute</p>	<p>Enter “Y” (Yes) or “N” (No) - Alive</p>
<p align="center">Motor Deficit</p>	<p>Enter “Y” (Yes) or “N” (No)</p>
<p align="center">Bowel / Bladder (Loss of control)</p>	<p>Enter “Y” (Yes) or “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)</p> <p>344 - Paralytic Syndrome, if secondary to cord injury</p> <p>806 – Fracture of vertebral column with spinal cord injury</p> <p>952 – Spinal cord injury without evidence of spinal bone injury. Must involve two of the following deficits: sensory, bowel/bladder, motor.</p>

****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.**

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 grasp reflex or a change in 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
		Choose one number from the column above that best describes the patient's response Enter here: →		<i>No Response</i>	1
				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	