



Jeb Bush
Governor

M. Rony François, M.D., M.S.P.H., Ph.D.
Secretary

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

ATTENTION: BEVERLY LETTINHAND, COORDINATOR, CENTRAL REGISTRY

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.

PATIENT / CLIENT REFERRAL INFORMATION

Client I.D. (Social Security #) _____ - _____ - _____ Referral Date: _____

Last Name _____ First Name _____ M. I. _____

Address _____ City _____

Zip Code: _____ County _____ Phone (____) _____

Date of Birth ____/____/____ Sex _____ Race _____ Hispanic _____

Supportive Contact Name: _____ Rel _____ S.C. Ph. (____) _____

Reporting Facility _____ Treatment Stage _____

Reporter Name _____ Rep. PH. (____) _____ Ext.# _____

Report 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

Rancho Score _____ Glasgow Score _____ Open/Closed _____

Altered Sensorium _____ Survive Acute _____ Ventilator _____

ICD-9 Codes _____

SPINAL CORD INJURY INFORMATION

Para/Quad Level _____ Extent of Lesion _____ Ventilator _____

Sensory Deficit _____ Survive Acute _____ Motor Deficit _____

Bowel/Bladder _____

ICD-9 Codes _____

*(850) 245-4045 ♦ FAX (850) 410-1975 ♦ Central Registry Toll-Free Number 1-800-342-0778
Division of Health Access & Tobacco ♦ Brain & Spinal Cord Injury Program
4052 Bald Cypress Way, Bin # C-25
Tallahassee, 32399-1744*