

Mission:

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



Ron DeSantis
Governor

Joseph Ladapo MD, PhD
State Surgeon General

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

**BRAIN AND SPINAL CORD INJURY PROGRAM
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.

PATIENT / CLIENT REFERRAL INFORMATION

****SURVIVE ACUTE Yes or 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 _____ *Reporter Phone # _____ 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 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 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 Codes _____

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