



Brachial Plexus Injury Referral Form

Department of Plastic & Reconstructive Surgery
Mater Misericordiae University Hospital, Eccles St. Dublin 7, Ireland.



Name:		DoB:		Motor assessment							
Address:		Active movements						MRC grade (0-5)			
GP:		Shoulder abduction (C5)									
		Elbow flexion (C6)									
Sex:		MRN:		Elbow extension (C6,C7)							
Dominant hand:		Wrist extension (C7)									
Occupation:		Finger flexion (C8)									
Injury date and time:		Thumb abduction (T1)									
Mechanism of injury (High/Low Energy, Penetrating, Traction etc)		Finger abduction (T1)									
		Dermatome Chart:		C5	C6	C7	C8	T1			
		Sensation: Normal									
		Altered									
		Absent									
		Investigation Results									
Hospital and Ward:		Chest x-ray:									
Telephone:		C-Spine:									
Consultant:		C-Spine MRI:									
Telephone:											
Referring Dr Name:		Position:		Radiographs and scans should accompany the patients when transferred							
Current condition		Treatments Thus Far									
Inpatient/Outpatient?											
Ambulation?											
Other Injuries		Past Medical/Surgical History									
Spine:											
Head:											
Chest:											
Abdomen:											
Limbs:		Medications/Allergies									
Brachial Plexus Details											
Side affected:											
Open or closed injury:											
Horner's sign:		Tetanus status									
Fax Contact Details: (01) 803 4376 Ms. Nicola Burke (secretary to Mr Cronin)		MRSA status:		Swabs taken:							