**St. George’s Hospital Craniospinal Trauma Referral Form**

**Every referral MUST have this form completed and emailed to**

**stgh-tr.Neurotrauma@nhs.net**

**0830-1630 Mon-Thu Fri 0800-1600 Bleep 6027 via SGH switchboard**

**All other times** [**www.referapatient.org**](http://www.referapatient.org) **or Bleep 7242 for urgent clinical advice only**

**All fields are mandatory**

|  |  |
| --- | --- |
| **Patient Details** | **Hospital Details** |
| **Surname**  | **Referring Hospital**  |
| **Forename**  | **Your Name**  |
| **Date Of Birth** **(dd/mm/yyyy)** | **Your Designation**  |
| **NHS Number**  | **Your Email**  **(NHS email)** |
| **Address** | **Bleep** **Mobile**  |
| **Consultant**  |
| **Postcode**  | **Consultant Email       (NHS email)** |
| **Telephone**  |  |
| **GP Name**  | **Where is the** **patient currently?**  |
| **GP Address**  | **Hospital and** **Ward:       Contact Number:** |
| **Date of admission       (dd/mm/yyyy)** |

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| **Brief and Relevant Clinical Details** |
| **Clinical History (MUST include presenting condition; motor & sensory status:**     **Exact date of first onset of symptoms:** **(dd/mm/yyyy)****Previous medical history:**

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| --- | --- | --- | --- |
| **Respiratory** |  | **Details** |       |
| **Cardiac** |  | **Details** |       |
| **Other** |  | **Details** |       |

**Performance Status:****Prior to presentation:**  **Current Presentation:**  |
| **Please Fill the Relevant Section Depending on the Nature of the Patient’s Craniospinal Trauma** |
| **Cranial Trauma****Describe the patient’s trauma:**

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| --- | --- |
| What is the patient’s overall GCS score? |  |
| Eye Opening Response | **Score** |
| Verbal Response | **Score** |
| Motor Response | **Score** |

 | **Spinal Trauma****Describe the patient’s trauma:**     Is the patient wearing a Spinal brace?[ ] **Yes** [ ] **No**Is the patient wearing a Cervical collar?[ ] **Yes** [ ] **No** |
| **Continue on the Next Section** |
| **Trauma History** Is the patient on anticoagulants? [ ] **Yes** [ ] **No**If yes, what is the anti-coagulant the patient receives? **Choose Medication**If other, please state the anti-coagulant used:      What are the neurological deficits the patient is suffering from due to their trauma?     **Comments:** |

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| **Additional Information that may be useful to us** |
|  |
| Please send the completed form **immediately** via e-mail to**stgh-tr.Neurotrauma@nhs.net**If you need to discuss an emergency **Neurosurgical** referral out of office hours please contact via www.referapatient.org or the **Neurosurgical** **registrar on call (Bleep 7242)** at St George’s Hospital

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| --- | --- |
| **Name of Neurosurgical registrar contacted:** |       |
| **Date:**  |       **(dd/mm/yyyy)** |
| **Time:**  |      **(24:00)** |
| **Outcome:** |       |

 | For more information, you can visit the following webpages:[**The Webpage for St. George’s University Hospitals Traumatic brain Injury Service**](https://www.stgeorges.nhs.uk/service/neuro/traumatic-brain-injury/)[**St. George’s University Hospitals Traumatic Brain Injury Information Manual**](https://www.stgeorges.nhs.uk/wp-content/uploads/2013/10/94_Physiotherapy_Traumatic%2Bbrain%2Binjury%2B-%2Ban%2Binformation%2Bmanual.pdf) |